

Office for Victims of Crime



Victims of Crime Act Crime Victims Assistance Grant Application Kit

Fiscal Year 2000

**U.S. Department of Justice
Office of Justice Programs
810 Seventh Street, NW
Washington, DC 20531**

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**For grant and funding information contact:
Department of Justice Response Center
1-800-421-6770**

SL 000390

The Office for Victims of Crime is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the Bureau of Justice Statistics, the National Institute of Justice, and the Office of Juvenile Justice and Delinquency Prevention.

**Victims of Crime Act
Victim Assistance Grant Program
Instruction and Application Kit
Fiscal Year 2000**

**State Compensation and Assistance Division
Office for Victims of Crime**



U.S. Department of Justice

Office of Justice Programs

Office for Victims of Crime

Washington, D.C. 20531

Dear VOCA Administrator:

This application kit provides the information and forms required to submit your request for the FY 2000 Victims of Crime Act (VOCA) Crime Victim Assistance Program. Please do the following:

- Complete the Application for Federal Assistance (SF 424) found in Attachment C.
- Review and sign the Assurances found in Attachment D.
- Review and sign the Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements found in Attachment E.
- Complete and sign, if applicable, the Disclosure of Lobbying Activities found in Attachment F.
- Write statements covering required information and Certifications on Civil Rights, Administrative Funds, Training Funds, and State Grantee and Subgrantee Eligibility described in Attachment H.
- Complete Application Checklist found in Attachment H.
- Send your completed application, with attachments, and one copy of the package to:

State Compensation and Assistance Division
Office for Victims of Crime
U.S. Department of Justice
810 Seventh Street, NW.
Washington, D.C. 20531-0001
202-307-5983

Applications must be received by close of business December 31, 1999.

If you have questions concerning the application, please contact your assigned Program Specialist. For your convenience, a listing of the Specialists is provided in Attachment A.

Thank you, as always, for your work on behalf of crime victims.

Sincerely,

Carol R. Watkins
Director
State Compensation and Assistance Division

Attachment: VOCA Allocation Table

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Victims of Crime Act Victim Assistance Grant Program Fiscal Year 2000

Introduction

This *Program Instruction and Application Kit* concerns Victims of Crime Act (VOCA) victim assistance program grants. According to the *Final Program Guidelines 1997 Victim Assistance Program*, “The primary purpose of these grants is to support the provision of services to victims of crime throughout the Nation.” Services are defined as those efforts that:

- Respond to the emotional and physical needs of crime victims.
- Help primary and secondary victims of crime stabilize their lives after a victimization.
- Assist victims understand and participate in the criminal justice system.
- Provide victims of crime with a measure of safety and security.

Grant Period

Fiscal Year (FY) 2000 VOCA victim assistance program grants may be used from October 1, 1999, through September 30, 2003.

Documents

To apply for a VOCA victim grant, State grantees must submit a number of documents. To ensure that all are included, please use the Application Kit Checklist in Attachment H. **Do not use forms from a previous year’s application kit for an FY 2000 grant.**

Application Submission and Deadline

Send an original and one copy of the application, including all attachments, to:

State Compensation and Assistance Division
Office for Victims of Crime
Office of Justice Programs
810 Seventh Street, NW.
Washington, D.C. 20531-0001

Applications must be received by close of business December 31, 1999.

For Further Assistance

Contact your assigned Program Specialist listed in Attachment A.

Intergovernmental Review of Federal Programs

This program is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs. Information requirements have been reviewed and approved by the Federal Office of Management and Budget (OMB) under the Paperwork Reduction Act, 44 U.S.C. 3504(h).

Effective Date

Upon issuance.

Victims of Crime Act Victim Assistance Grant Program Instruction and Application Kit Fiscal Year 2000

I. Application Documents

This *Program Instruction and Application Kit* contains the forms and detailed information required to apply for a Victims of Crime Act (VOCA) victim assistance program grant. This Kit must be used in conjunction with VOCA; the *Final Program Guidelines VOCA FFY 1997 Victim Assistance Program*; the Office of Justice Programs' (OJP) *OJP Financial Guide*; and all other applicable Federal laws. The victim assistance grant program is authorized by the Victims of Crime Act of 1984, as amended (codified at 42 U.S.C. 10601 *et seq.*)

For detailed information on specific requirements listed in this application, please refer to the *Final Program Guidelines VOCA FFY 1997 Victim Assistance Program* found in Attachment B and to the *OJP Financial Guide*.

In this *Program Instruction and Application Kit*, the term "State" includes all states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, the Commonwealth of Northern Mariana Islands, American Samoa, Guam, and Palau.

All forms and certifications must be signed by the authorized representative of the State agency designated by the governor to apply for and administer the VOCA victim assistance grant. If the designated State agency has changed and the Office for Victims of Crime (OVC) has not been notified, include a letter signed by the governor designating the new agency with the application.

The following forms must be submitted to OVC in the State grantee application package:

- Application for Federal Assistance, Standard Form 424 (Attachment C). Standard Form 424 is the face sheet for the application. Instructions for completing the form can be found in Attachment C along with a completed sample.
- Assurances (Attachment D).
- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (Attachment E).

Section 1: Lobbying.

This certification is a material representation of fact on which OVC relies when considering an application. Any person who fails to file the required certification is subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

Section 2: Debarment, Suspension, and Other Responsibility Matters.
Cross out this section since it is not applicable.

Section 3: Drug-Free Workplace.

Grantees of Federal agencies are required to certify that they will provide drug-free workplaces in compliance with the Drug-Free Workplace Act of 1988.

- Disclosure of Lobbying Activities (Attachment F).
Any State grantee that receives more than \$100,000 and has engaged in reportable Federal lobbying activities must complete this form.
- Application Kit Checklist (Attachment H).

Other written documents required are as follows:

- The name, address, and telephone number of the contact person for civil rights.
- If the State grantee chooses to use up to 5 percent of the award for administration, a statement of the percentage of the award to be used for this purpose and certification that use of these funds will not supplant other funds available for administration.
- Certification that the State grantee meets all of the eligibility requirements in Part II of this document, State Grantee Eligibility Requirements and will require subgrantees to meet all requirements of Part IV, Subgrantee Eligibility Requirements.
- A letter from the Governor if the designated state agency responsible for the VOCA victim assistance grant has changed and OVC has not been notified.

II. State Grantee Eligibility Requirements

Each State grantee must certify that all programs receiving victim assistance grant funds meet all of the requirements detailed in VOCA, the *Final Program Guidelines VOCA FFY 1997 Victim Assistance Program*, all applicable Federal laws and the *OJP Financial Guide*. In particular, the State grantee certifies and assures that:

- Victim assistance grant funds will be used only to provide services to victims of crime, except for up to 5 percent which may be used for administration and up to 1 percent which may be used for training.
- The victim assistance grant and administrative funds will not be used to supplant State and local public funds that would otherwise be available for crime victim services.
- A minimum of 40 percent of the total grant will be awarded at 10 percent to each of four categories of crime victims: sexual assault, domestic violence, child abuse, and underserved. Underserved

victims are designated by type of crime and are determined by the State grantee. This requirement may be waived if the State grantee can document to OVC that:

- A category of crime victims is currently receiving a significant amount of financial assistance from the State or other funding sources.
- A smaller amount of financial assistance, or no assistance, is needed in the VOCA victim assistance grant program.
- Crime rates have diminished for the particular type of crime.
- It will maintain fund accounting, auditing, and other records as necessary to assure fiscal control, proper fund management, and efficient disbursement of funds received under the VOCA victim assistance program.
- It will provide OVC with the name of a civil rights contact person who has the responsibility to insure that all applicable civil rights requirements are met and who will act as liaison in civil rights matters with the Office of Justice Programs, Office of Civil Rights.
- No person shall be excluded on the grounds of race, color, religion, national origin, disability, or sex from participation in, denied the benefits of, subjected to discrimination under, or denied employment in connection with any undertaking funded in whole or in part with VOCA victim assistance grant funds.
- It will submit the required programmatic and financial reports on the use of VOCA victim assistance funds by OVC deadlines.
- It and its subgrantees will promptly notify OVC and the cognizant agency of any illegal acts or irregularities, and of proposed and actual actions, if any. Illegal acts and irregularities include conflicts of interest, falsification of records or reports, and misappropriation of funds or other assets.
- It and its subgrantees will comply with the applicable provisions of VOCA the *Final Program Guidelines VOCA FFY 1997 Victim Assistance Program*.

III. Funding Allocation

Each State, the District of Columbia, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and the Commonwealth of Puerto Rico are eligible to receive VOCA victim assistance grant funds.

- Each State, the District of Columbia, the U.S. Virgin Islands, and the Commonwealth of Puerto Rico receives a base amount of \$500,000.

-
- The Commonwealth of the Northern Mariana Islands, Guam, and American Samoa each receives a base amount of \$200,000.
 - The remaining funds are distributed to each State on the basis of its percentage of the U.S. population.

IV. Administrative Funds

Since FY 1995, VOCA has allowed State grantees to use up to 5 percent of the victim assistance award for administering the State victim assistance program. The purpose of these funds is to expand, enhance, or improve program administration to support effective delivery of services to crime victims. States are not required to match the portion of the grant used for administration.

A. Requirements

Administrative funds are available only to the State grantee. FY 2000 VOCA victim assistance administrative funds must be used between October 1, 1999, and September 30, 2003.

State grantees must certify that VOCA funds used for administration will not supplant State funds but will be used to increase the amount of money that would be available for administration of the VOCA victim assistance program. State grantees must have an established baseline level of effort documented prior to using the VOCA administrative funds.

The following hypothetical example illustrates how the maintenance of effort can be documented:

- In FY 1999, a State grantee spent \$70,000 to administer the victim assistance grant program. These funds supported the salary and benefits of one staff person, travel and incidental costs for reviewers to meet and review proposals, and travel costs to monitor subgrantee programs.
- With the FY 2000 grant program, the State grantee will receive a crime victim compensation grant of \$1,500,000. The State grantee will use \$75,000 of the VOCA grant (5 percent) to expand and improve services to crime victims by hiring an additional staff member to conduct onsite monitoring visits of all subgrantees, purchase computer equipment and software, and develop and print a training manual for subgrantees.
- For the State grantee to satisfy the maintenance of effort requirement, it must be able to document that at least \$145,000 (\$70,000 plus \$75,000) will be used to administer the FY 2000 grant program.

B. Allowable Activities and Costs

As examples of activities and costs directly related to managing a VOCA grant, State grantees may use administrative funds for:

-
- Federally approved indirect cost rate.
 - Salaries and benefits for staff and consultant fees to administer and manage VOCA grant programmatic and financial activities.
 - Attendance at OVC-sponsored and other relevant technical assistance meetings that address issues and concerns of State administrators.
 - Monitoring, providing technical assistance, evaluating and assessing subgrantees and potential subgrantees.
 - Purchasing equipment for the State grantee, such as computers, software, fax machines, and copying machines.
 - Training VOCA subgrantees.
 - Purchasing memberships in crime victim organizations and victim-related materials, such as curricula, literature, and protocols.

As examples of supporting activities that impact the delivery and quality of services to crime victims, State grantees may use administrative funds to:

- Develop strategic plans on a State or regional basis.
- Conduct surveys.
- Conduct needs assessments.
- Improve coordination efforts on behalf of crime victims with programs funded by other Office of Justice Programs offices and bureaus and with Federal, State, and local agencies and organizations.
- Provide training on the crime victim issues to State, public, and nonprofit organizations that serve or assist crime victims.
- Purchase, print, or develop publications, such as training manuals for service providers, victim services directories, and brochures.
- Coordinate and develop protocols, policies, and procedures that promote systemic change in ways crime victims are treated and served.
- Train managers of victim services agencies.
- Plan for and establish state victim assistance academies.

Administrative funds can only support that portion of a staff person's time devoted to the VOCA victim assistance grant program. If VOCA supported staff have other functions, the proportion of time working on the assistance program must be documented, using time and attendance records, to provide a clear audit trail for expenditure of grant funds.

Similarly, VOCA administrative funds may be used to pay for a proportional share of equipment costs supporting VOCA-related activities.

C. Application and Reporting

States grantees using VOCA funds for administration must notify OVC in writing of the percentage of the award to be used at the time of application or at the time this option is exercised and when modifying the amount to be used.

State grantees must maintain documentation to support expenditure of these funds for administration and must include a narrative description of the impact of these funds in the annual performance report.

V. Training Funds

State grantees may use up to 1 percent of the VOCA victim assistance grant for training but are required to provide a 20 percent match and identify the source of the match. Funds may be used to:

- Conduct statewide and regional training of subgrantee direct services staff. This does not preclude the State grantee from awarding VOCA funds to subgrantees for other staff development activities.
- Support State victim assistance academies, though these funds must not be used as a match for an OVC discretionary State victim assistance academy grant.
- These funds must not supplant the cost of existing State administrative staff or related State training activities.

State grantees must submit to OVC a statement of the amount of the total grant to be used for training and must maintain documentation to support expenditure of these funds.

Training conducted under the FY 2000 VOCA victim assistance grant must occur between October 1, 1999, and September 30, 2003, or funds obligated for training before September 30, 2003.

VI. Subgrantee Eligibility Requirements

Each State grantee must certify that each victim services organization receiving VOCA victim assistance grant funds must:

-
- Be operated by a public agency or nonprofit organization (or combination) and provide services to crime victims.
 - Meet match requirements as follows:
 - New and existing programs must provide cash or in-kind match of 20 percent (nonfederal sources) of the total VOCA project. An existing program also must have a record of providing effective services to victims of crime.
 - A new program that has not demonstrated a record of effective services may be eligible for funding if it demonstrates that 25 percent to 50 percent (as determined by the State grantee) of its funding is from non-Federal sources.
 - Native American tribes and organizations (new and existing) located on reservations must provide cash or in-kind match of 5 percent.
 - Subgrantees (new or existing) in the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands are not required to match VOCA victim assistance funds.
 - Use volunteers unless the VOCA administrator grants a waiver for a compelling reason.
 - Promote coordinated public and private efforts to aid crime victims within the community served.
 - Assist victims in applying for crime victim compensation.
 - Comply with Federal rules regulating VOCA, including the *Final Program Guidelines VOCA FFY 1997 Victim Assistance Program* and the effective edition of the *OJP Financial Guide*.
 - Maintain civil rights information.
 - Comply with additional eligibility or service criteria established by the State grantee.
 - Provide services to victims of Federal crimes on the same basis as services are provided to victims of State and local crimes.
 - Provide services to crime victims without charge unless a waiver is obtained from the State grantee.
 - Maintain confidentiality of client-counselor and research information.

Each State grantee must assure that subgrantees will submit the following forms to the State grantee with its application:

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and

Drug-Free Workplace Requirements (Attachment E).

Section 1: Lobbying.

Subrecipients who receive over \$100,000 must complete and sign this form, crossing out Section 2 and 3 (Debarment, Suspension and Drug-Free Workplace, respectively) and forward to the State grantee to be maintained on file. Subrecipients who are either a Native American Tribe or organization are not required to complete or sign any portion of this form.

Section 2: Debarment, Suspension, and Other Responsibility Matters

Cross out this section since it is not applicable.

Section 3: Drug-Free Workplace

Cross out this section since it is not required.

- Disclosure of Lobbying Activities (Attachment F)
Any subgrantee that receives more than \$100,000 and has engaged in reportable Federal lobbying activities must complete this form.
- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion, Lower Tier Covered Transactions (Attachment G)
The duly authorized subgrantee official must sign this certification.

VII. State Grantee Reporting Requirements

A. Subgrant Award Report

State grantees must notify OVC within 90 days of the award of any VOCA funds by submitting the Subgrant Award Report (Attachment I) through the automated subgrant dial-in system. This system may be accessed without cost to grantees by utilizing the subgrant dial-in number, 1-800-838-0106. State grantees outside the continental U.S. are exempt from the requirement to use the subdial system; these grantees must complete and submit the Subgrant Award Report manually.

A Subgrant Award Report must be submitted for each subgrantee that provides services to crime victims with VOCA victim assistance grant funds, whether the vehicle for awarding funds is called a contract, grant or subgrant. Subgrantee organizations that use a portion of their VOCA funds within their organization and then subaward the remaining funds to other eligible subgrantees must submit a Subgrant Award Report for the services provided within their organization, and a Subgrant Award Report for each of the other subgrantees. Subgrant Award Reports are not to be completed for agencies serving only as conduits for distributing VOCA victim assistance funds.

If the Subgrant Award Report information changes by the end of the grant period, State grantees must inform OVC by revising the Subgrant Award Report through the subgrant dial-in system, or manually, as required.

The total of all Subgrant Award Reports submitted by the State grantee must agree with the Final Financial Status Report, (SF 269A) submitted at the end of the grant period.

B. Performance Report

Each State grantee must submit an annual performance report. OVC uses this information in writing its report to Congress to document the impact of Federal funds on the lives of crime victims. A copy of the Performance Report is found in Attachment J. It is due January 15 of each year for the preceding fiscal year. The annual performance report for funds expended from October 1, 1998, through September 30, 1999, is due January 15, 2000.

State grantees using a portion of the VOCA victim assistance grant for administration must include a narrative in the Performance Report that describes how the funds were used and the impact of the 5 percent on the States grantees' ability to expand, enhance, and improve services to crime victims.

VIII. Financial Requirements

State grantees must adhere to the financial and administrative provisions of the effective edition of the *OJP Financial Guide*. The following represent the core financial requirements under the grant program:

A. Award Document

The award document is the operative document obligating and reserving Federal funds for use by the State grantee. This obligation may be terminated without further cause if the grantee fails to affirm timely utilization of the grant by signing and returning the acceptance document to OJP and OVC within 45 days from the date of the award. No Federal funds will be disbursed to a grantee until the signed award document and signed special conditions accepting the grant have been received by OJP and OVC.

B. Payment of Grant Funds

States must be enrolled in the Automated Clearing House (ACH) Vendor Express program to request Federal funds. For information on the ACH Vendor Express program, please call the Office of the Comptroller, Customer Service Center at 1-800-458-0786 or send inquiries via e-mail to askoc@ojp.usdoj.gov.

C. Obligation Period

Crime victim assistance grant funds may be obligated at any time during the balance of the fiscal year in which the award was made and the following three fiscal years. The FY 2000 grant period begins October 1, 1999, and ends on September 30, 2003. Although VOCA victim assistance awards are not made until after the October 1 start date, State grantees may award subgrants prior to receiving the award and use the award funds to cover those costs when they become available.

D. Financial Status Reports

State grantees must submit a Financial Status Report (SF-269A) each quarter to the Office of the Comptroller. The report is due within 45 days after the end of each calendar quarter (i.e., 45 days after December 31, March 31, June 30, and September 30). Final Financial Status Reports are due 120 days after the end of the grant period. Failure to comply with this requirement may result in administrative action such as the withholding of payments, cancellation of a letter of credit, or noncertification of new or supplemental grant awards.

E. Audit Responsibilities

- State and Local Governments, Institutions of Higher Education, and Nonprofit Institutions.

The Single Audit Act mandates one audit circular for State and local governments, institutions of higher education and other nonprofit institutions, i.e., OMB Circular A-133, as amended. This circular requires an audit for all entities that expend \$300,000 or more in Federal funds per year. The audit report must be submitted within 9 months from the end of the State fiscal year.

For example, a State grantee receives \$500,000 in Federal funds, so an audit is required. If the audited fiscal year is July 1, 1999, through June 30, 2000, the \$300,000 audit threshold is in effect and the audit due date is March 31, 2001, i.e., 9 months after the close of the fiscal year. Subsequent audits also will be due 9 months after the end of the audited fiscal year.

For further information, please contact the Office of the Comptroller, Customer Service Center at 1-800-458-0786 or send inquiries via e-mail to askoc@ojp.usdoj.gov.

- Audit Costs

Under OMB Circular A-133, as amended, audit costs are generally allowable charges to Federal grants. Audit costs incurred by State grantees are an administrative expense and may be paid with the allowable 5 percent for administration. Any of the VOCA grant funds used for administrative purposes cannot be included in the State-certified payout. Audit costs incurred for audits not required by OMB Circular A-133 are unallowable.

IX. Fund Suspension or Termination

The Director of OVC, after reasonable notice and opportunity for a hearing on the record, finds that a State grantee has failed to substantially comply with VOCA, the *Final Program Guidelines FFY 1997 Victim Assistance Program*, the *OJP Financial Guide*, other applicable Federal laws, or the terms and conditions of the grant award, may suspend or terminate funding to the State grantee or take other appropriate action, as deemed necessary.

X. Monitoring and Technical Assistance

State grantees must provide access to OVC and other Federal agency officials to any book, document, papers, and records for the purpose of audit and examination. Other Federal agencies include the U.S. Department of Justice Office of the Inspector General, the Office of the Comptroller, and the General Accounting Office.

OVC and the Office of the Comptroller conduct periodic onsite reviews of State grantee records pertaining to certified payments to crime victims from State funding sources and all other financial and programmatic aspects of the State crime victim compensation program. The purpose is to determine compliance with VOCA, the *Final Program Guidelines FFY 1997 Victim Assistance Program*, the *OJP Financial Guide*, civil rights requirements, and all other applicable Federal laws.

Attachment A
State Compensation and Assistance Division
State and Territory Assignments

**STATE COMPENSATION AND ASSISTANCE DIVISION
STATE AND TERRITORY ASSIGNMENTS**

Vanessa Alston 202/305-8619 Alstonv @ojp.usdoj.gov	DeLano Foster 202/616-3612 Fosterd@ojp.usdoj.gov	Jeff Kerr 202/616-3581 Kerrj@ojp.usdoj.gov	Toni Thomas 202/616-2579 Toni@ojp.usdoj.gov	Celesetine Williams 202/616-3565 Celeste@ojp.usdoj.gov
AK	CO	AZ	DC	AL
AR	CT	CA	IN	FL
HI	ID	DE	IA	GA
IL	MD	GU/AS	KY	LA
ME	MN	KS	MA	MS
MO	MT	NJ	MI	NH
NM	NE	OR	OH	NV
NY	ND	PU/NM	RI	NC
SD	OK	WA	TN	PR
TX	PA	WV	VA	SC
VI	UT	WY	WI	VT

**State Compensation and Assistance Division
Office for Victims of Crime
810 Seventh Street NW
Washington, DC 20531**

Carol R. Watkins, Director
202/514-4696
Watkins@ojp.usdoj.gov

Linda Rost, Grants Technician
202/616-3304
Rost@ojp.usdoj.gov

As of 9/8/99

Attachment B
Final Program Guidelines
Victims of Crime Act FY 1997 Victim Assistance Program

Attachment C
Application for Federal Assistance,
Instructions, and Completed Sample Application

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
Address (give city, county, state, and zip code):	Name and telephone number of the person to be contacted on matters involving this application (give area code)

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table; margin-right: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> — <table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> <table border="0" style="width: 100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify): _____</td> </tr> </table>	A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify): _____
A. State	H. Independent School Dist.																																		
B. County	I. State Controlled Institution of Higher Learning																																		
C. Municipal	J. Private University																																		
D. Township	K. Indian Tribe																																		
E. Interstate	L. Individual																																		
F. Intermunicipal	M. Profit Organization																																		
G. Special District	N. Other (Specify): _____																																		

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____ _____	9. NAME OF FEDERAL AGENCY:
---	-----------------------------------

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="display: inline-table;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> TITLE: _____									11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):									

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project

15. ESTIMATED FUNDING: <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">a. Federal</td> <td style="width: 15%;">\$</td> <td style="width: 15%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. TOTAL	\$.00																				
	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No																					

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
d. Signature of Authorized Representative		e. Date Signed

Instructions for Completion of the Application for Federal Assistance (SF 424)

The Application for Federal Assistance is a standard form used by most Federal agencies for application for Federal assistance. It contains 18 different items, all of which must be completed in order for your application to be reviewed. The Office for Victims of Crime cannot accept the application without a completed and signed SF 424.

- Item 1** **Type of Submission:** OVC discretionary grant funds cannot be used for construction or building purposes. Check the “Non-Construction” box in the application section.
- Item 2** **Date Submitted:** Indicate the date you sent the application to OVC. The “Application Identifier” is the number assigned by your jurisdiction, if any, to track applications. If your jurisdiction does not assign an identifier number, leave this space blank.
- Item 3** **Date Received by State:** Leave blank. OVC applicants are exempted from the requirement to submit applications to a State Single Point of Contact.
- Item 4** **Date Received by Federal Agency:** This item will be completed by OJP.
- Item 5** **Applicant Information:** The “Legal Name” is the unit of government or the parent organization. For example, the primary or parent organization of a law enforcement agency is the name of the city or township. Thus, the city or township should be entered into the Legal Name box and the name of the law enforcement or other agency should be entered into the Organizational Unit box. One person should be designated as the contact for the proposed project, and that person’s telephone number should also be included. It is not unusual for the name of the contact person to differ from the authorized representative of your agency in item 18 below.
- Item 6** **Employer Identification Number:** Each employer receives an employer identification number from the Internal Revenue Service. Generally, this number can be easily obtained from your agency’s accountant or comptroller.
- Item 7** **Type of Applicant:** Enter the appropriate letter in the space. If the applicant is representing a consortium of agencies, specify by checking Block N and entering “consortium.”
- Item 8** **Type of Application:** Check “new.”
- Item 9** **Name of Federal Agency:** Type in “Office for Victims of Crime.”
- Item 10** **Catalog of Federal Domestic Assistance Number:** For OVC discretionary grants, the number is 16.582, and the title is Crime Victim

Assistance/Discretionary Grants. The number for the Children's Justice Act Discretionary Grant Program for Native Americans is 16.583.

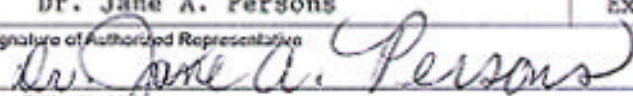
- Item 11** **Descriptive Title of Applicant's Project:** Type in: (1) the title of the program as it appears in the solicitation or announcement, and (2) the name of your cognizant Federal agency. The cognizant Federal agency is generally the Federal agency from which the applicant agency receives the most Federal dollars.
- Item 12** **Areas Affected by Project:** Identify the geographic area(s) encompassed by the project. Indicate "Statewide" or "National," if applicable.
- Item 13** **Proposed Project Dates:** Fill in the begin and end dates of the project. These dates may be adjusted by the OVC when the award is made. Most projects under this solicitation will begin on October 1, 1999.
- Item 14** **Congressional Districts:** Fill in the number of the congressional district in which the project will be located as well as the congressional district(s) the project will serve. Indicate "Statewide" or "National," if applicable.
- Item 15** **Estimated Funding:** On line "a," type in the amount of Federal funds requested, not to exceed the dollar amount allocated in the program announcement. Indicate any other resources that will be available to the project and the source of those funds on lines "b through f," as appropriate.
- Item 16** **State Executive Order 12372:** OVC applicants are exempted from the requirement to submit applications to a State Single Point of Contact. Please mark the appropriate box in item 16. The answer is, **No, program is not covered by E.O. 12372.**
- Item 17** **Delinquent Federal Debt:** This question applies to the applicant organization. Categories of debt include delinquent audit disallowances, loans, and taxes.
- Item 18** **Authorized Representative:** Type the name of the person legally authorized to enter into contracts on behalf of your agency. The signature on the original application must be signed in blue ink and/or stamped as "original" to help distinguish the original from the photocopies.

**APPLICATION FOR
FEDERAL ASSISTANCE**

Print Form

Sample

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/30/99	Applicant Identifier N/A
3. DATE RECEIVED BY STATE		State Application Identifier N/A	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Justice Coalition for All		Organizational Unit: Rural Services Division	
Address (give city, county, state, and zip code): 1234 Assistance Boulevard, Suite 800 Liberty City, NY 12345-7890		Name and telephone number of the person to be contacted on matters involving this application (give area code): Dr. James E. Public (202) 305-5672	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 12 - 3456789		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: Office for Victims of Crime	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: <input type="checkbox"/> <input type="checkbox"/> 16 - 582		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Field Generated National Impact Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): National			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/01/99	Ending Date 09/30/00	a. Applicant National	b. Project National
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 100,000 .00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW: DATE _____	
b. Applicant	\$.00	b. NO, <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 100,000 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Dr. Jane A. Persons		b. Title Executive Director	c. Telephone Number (202) 356-8901
d. Signature of Authorized Representative 			e. Date Signed 05/30/99

Attachment D
Assurances

ASSURANCES

The Applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements—28 CFR, Part 66, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project. Also the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et seq.)
4. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or give the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency or the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal Sponsoring agency concerning special requirements of law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed in the Environmental protection Agency's (EPA-list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that had been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal financial assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et seq.) by (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply, and assure the compliance of all its subgrantees and contractors, with the applicable provisions of Title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, the Juvenile Justice and Delinquency Prevention Act, or the Victims of Crime Act, as appropriate; the provisions of the current edition of the Office of Justice Programs Financial and Administrative Guide for Grants, M7100.1; and all other applicable Federal laws, orders, circulars, or regulations.
12. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure; Part 20, Criminal Justice Information Systems; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 23, Criminal Intelligence Systems Operating Policies; Part 30, Intergovernmental Review of Department of Justice Programs and Activities; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
13. It will comply, and all its contractors will comply, with the nondiscrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC 3789(d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans With Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Justice Non-Discrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G; and Department of Justice regulations on disability discrimination, 28 CFR Part 35 and Part 39.
14. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs.
15. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
16. It will comply with the provisions of the Coastal Barrier Resources Act (P.L. 97-348) dated October 19, 1982 (16 USC 3501 et seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

Signature

Date

Attachment E
Certification Regarding Lobbying; Debarment, Suspension and
Other Responsibility Matters;
and Drug-free Workplace Requirements



CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510—

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a

public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620—

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about—

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check if there are workplaces on file that are not identified here.

Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check if the State has elected to complete OJP Form 4061/7.

**DRUG-FREE WORKPLACE
(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67; Sections 67.615 and 67.620—

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address:

2. Application Number and/or Project Name

3. Grantee IRS/Vendor Number

4. Typed Name and Title of Authorized Representative

5. Signature

6. Date

Attachment F
Disclosure of Lobbying Activities

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. Initial award <input type="checkbox"/> c. post award</p>	<p>3. Report type:</p> <p><input type="checkbox"/> a. Initial filing <input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>year _____ Quarter _____ date of last report _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee</p> <p style="padding-left: 40px;">Tier _____, <i>if known</i></p> <p>Congressional District, if known:</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District, if known:</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CDFA Number, if applicable: _____</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p> <p>\$ _____</p>	
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI)</p>	<p>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI)</p>	
<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of the fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No.: _____ Date: _____</p>	
<p>Federal Use Only:</p>		<p>Authorized for Local Reproduction Standard Form - LLL</p>

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identifying the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001".
9. For a covered Federal action where there has been an award or loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI)>
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046); Washington, D.C. 20503.

Attachment G
Certification Regarding Debarment, Suspension, Ineligibility and
Voluntary Exclusion, Lower Tier Covered Transactions



U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE COMPTROLLER

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions
(Sub-Recipient)**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 67.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

Name of Organization

Address of Organization

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Attachment H
Application Kit Checklist

**VICTIMS OF CRIME ACT (VOCA)
CRIME VICTIM ASSISTANCE GRANT PROGRAM**

Application Kit Checklist

To ensure that all documents are completed and included in the State grantee application package, check off each item as completed and attach this checklist to the application.

- ___ Application for Federal Assistance, SF 424 (Attachment C)
- ___ Assurances (Attachment D)
- ___ Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (Attachment E)
- ___ Disclosure of Lobbying Activities, if applicable (Attachment F)

Written documentation of the following:

- ___ Civil Rights: Each State grantee must provide OVC with the name, address, and telephone number of the contact person who has lead responsibility in ensuring that all applicable civil rights requirements are met and who acts as the liaison in civil rights matters with the Office for Civil Rights in the Office of Justice Programs.
- ___ Administrative Funds: State grantees choosing to use a portion of the award for administrative purposes must report the amount of the total grant that will be used for these purposes.
- ___ Training Funds: State grantees must submit to OVC a statement of the amount of the total grant to be used for training.
- ___ Certification of State Grantee Eligibility Requirements: Each State Grantee must provide written, signed certification that it complies with the requirements of Part II, State Grantee Eligibility Requirements and will require subgrantee compliance with Part IV. Subgrantee Eligibility Requirements.
- ___ A letter from the governor if the designated state agency has changed and OVC has not been notified.

Attachment I
Subgrant Award Report



U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE FOR VICTIMS OF CRIME
**SUBGRANT AWARD
REPORT**

The purpose of this report is to collect basic information on subgrant recipients and their programs in a manner that is convenient to report and analyze. This report must be completed in full and submitted by the State agency (grantee) within ninety (90) days from the date of the award of a subgrant to a local victim assistance program. A Subgrant Award Report must be completed for each program receiving Victims of Crime Act funding. Send the original and one (1) copy to: Office for Victims of Crime, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

<p>1. a. SUBGRANTEE AGENCY NAME AND ADDRESS (Including Zip Code):</p> <p>b. TELEPHONE NUMBER AND AREA CODE:</p> <p>c. CONGRESSIONAL DISTRICT:</p>	<p>2. FEDERAL GRANT NUMBER:</p> <p>3. PURPOSE OF VOCA SUBGRANT AWARD: (Check one)</p> <p>a. <input type="checkbox"/> START UP A NEW VICTIM SERVICES PROJECT</p> <p>b. <input type="checkbox"/> CONTINUE A VOCA FUNDED VICTIM PROJECT FUNDED IN A PREVIOUS YEAR</p> <p>c. <input type="checkbox"/> EXPAND OR ENHANCE AN EXISTING PROJECT NOT FUNDED BY VOCA IN THE PREVIOUS YEAR</p> <p>d. <input type="checkbox"/> START UP A NEW NATIVE AMERICAN VICTIM SERVICES PROJECT</p> <p>e. <input type="checkbox"/> EXPAND OR ENHANCE AN EXISTING NATIVE AMERICAN PROJECT</p>																								
<p>4. a. CRIME VICTIM ASSISTANCE FUNDS AWARDED: \$ _____</p> <p>b. STATE AWARD NUMBER: _____</p> <p>c. PROJECT BEGIN DATE: _____</p> <p>d. PROJECT END DATE: _____</p>	<p>5. SUBGRANT MATCH (Financial support from other sources):</p> <p>a. VALUE OF IN-KIND MATCH: \$ _____</p> <p>b. CASH MATCH: \$ _____</p> <p>c. TOTAL MATCH: \$ _____</p>																								
<p>6. THESE VOCA FUNDS WILL PRIMARILY BE USED TO: (Check one)</p> <p>a. <input type="checkbox"/> EXPAND SERVICES INTO A NEW GEOGRAPHIC AREA</p> <p>b. <input type="checkbox"/> OFFER NEW TYPES OF SERVICES</p> <p>c. <input type="checkbox"/> SERVE ADDITIONAL VICTIM POPULATIONS</p> <p>d. <input type="checkbox"/> CONTINUE EXISTING SERVICES TO CRIME VICTIMS</p> <p>e. <input type="checkbox"/> OTHER</p>	<p>7. FOR THIS VICTIM SERVICES PROGRAM INDICATE:</p> <p>a. NUMBER OF PAID STAFF _____ (Full-time equivalents)</p> <p>b. HAS THE VICTIM SERVICES PROGRAM RECEIVED A VOLUNTEER WAIVER?</p> <p>1. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. IF NO, INDICATE THE NUMBER OF VOLUNTEER STAFF _____ (Full-time equivalents)</p>																								
<p>8. IDENTIFY ANY OR ALL OF THE VOCA GRANT THAT WILL BE USED TO MEET THE PRIORITY AND UNDERSERVED REQUIREMENTS</p> <p>a. CHILD ABUSE \$ _____</p> <p>b. DOMESTIC VIOLENCE \$ _____</p> <p>c. SEXUAL ASSAULT \$ _____</p> <p>d. UNDERSERVED</p> <p>1. DUI/DWI CRASHES \$ _____</p> <p>2. SURVIVORS OF HOMICIDE VICTIMS \$ _____</p> <p>3. ASSAULT \$ _____</p> <p>4. ADULTS MOLESTED AS CHILDREN \$ _____</p> <p>5. ELDER ABUSE \$ _____</p> <p>6. ROBBERY \$ _____</p> <p>7. OTHER VIOLENT CRIMES \$ _____</p>	<p>9. TYPE OF IMPLEMENTING AGENCY (Check the appropriate boxes)</p> <p>a. <input type="checkbox"/> CRIMINAL JUSTICE - GOVERNMENT:</p> <p>1. <input type="checkbox"/> LAW ENFORCEMENT 4. <input type="checkbox"/> COURT</p> <p>2. <input type="checkbox"/> PROSECUTION 5. <input type="checkbox"/> CORRECTIONS</p> <p>3. <input type="checkbox"/> PROBATION 6. <input type="checkbox"/> OTHER</p> <p>b. <input type="checkbox"/> NONCRIMINAL JUSTICE - GOVERNMENT:</p> <p>1. <input type="checkbox"/> SOCIAL SERVICES 4. <input type="checkbox"/> HOSPITAL</p> <p>2. <input type="checkbox"/> MENTAL HEALTH 5. <input type="checkbox"/> OTHER</p> <p>3. <input type="checkbox"/> PUBLIC HOUSING</p> <p>c. <input type="checkbox"/> PRIVATE NON-PROFIT:</p> <p>1. <input type="checkbox"/> HOSPITAL 4. <input type="checkbox"/> SHELTER</p> <p>2. <input type="checkbox"/> RAPE CRISIS 5. <input type="checkbox"/> MENTAL HEALTH AGENCY</p> <p>3. <input type="checkbox"/> RELIGIOUS ORGANIZATION 6. <input type="checkbox"/> OTHER</p> <p>d. <input type="checkbox"/> NATIVE AMERICAN TRIBE OR ORGANIZATION:</p> <p>1. <input type="checkbox"/> ON RESERVATION 2. <input type="checkbox"/> OFF RESERVATION</p> <p>e. <input type="checkbox"/> OTHER:</p>																								
<p>10. PLEASE PROVIDE THE TOTAL AMOUNTS OF FUNDING ALLOCATED TO VICTIM SERVICES BASED ON THE SUBGRANTEE'S CURRENT FISCAL YEAR BUDGET</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">FUNDING SOURCES</th> <th style="width:50%;">CURRENT YEAR</th> </tr> </thead> <tbody> <tr> <td>a. FEDERAL (Excluding VOCA)</td> <td></td> </tr> <tr> <td>b. VOCA FUNDS</td> <td></td> </tr> <tr> <td>c. STATE</td> <td></td> </tr> <tr> <td>d. LOCAL</td> <td></td> </tr> <tr> <td>e. OTHER</td> <td></td> </tr> </tbody> </table>	FUNDING SOURCES	CURRENT YEAR	a. FEDERAL (Excluding VOCA)		b. VOCA FUNDS		c. STATE		d. LOCAL		e. OTHER		<p>11. IDENTIFY THE VICTIM(S) TO BE SERVED THROUGH THIS VOCA-FUNDED PROJECT (VOCA grant plus Match) BY CHECKING THE TYPE OF CRIME(S):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. <input type="checkbox"/> CHILD PHYSICAL ABUSE</td> <td style="width:50%;">g. <input type="checkbox"/> ADULTS MOLESTED AS CHILDREN</td> </tr> <tr> <td>b. <input type="checkbox"/> CHILD SEXUAL ABUSE</td> <td>h. <input type="checkbox"/> SURVIVORS OF HOMICIDE VICTIMS</td> </tr> <tr> <td>c. <input type="checkbox"/> DUI/DWI CRASHES</td> <td>i. <input type="checkbox"/> ROBBERY</td> </tr> <tr> <td>d. <input type="checkbox"/> DOMESTIC VIOLENCE</td> <td>j. <input type="checkbox"/> ASSAULT</td> </tr> <tr> <td>e. <input type="checkbox"/> ADULT SEXUAL ASSAULT</td> <td>k. <input type="checkbox"/> OTHER VIOLENT CRIMES</td> </tr> <tr> <td>f. <input type="checkbox"/> ELDER ABUSE</td> <td>l. <input type="checkbox"/> OTHER</td> </tr> </table>	a. <input type="checkbox"/> CHILD PHYSICAL ABUSE	g. <input type="checkbox"/> ADULTS MOLESTED AS CHILDREN	b. <input type="checkbox"/> CHILD SEXUAL ABUSE	h. <input type="checkbox"/> SURVIVORS OF HOMICIDE VICTIMS	c. <input type="checkbox"/> DUI/DWI CRASHES	i. <input type="checkbox"/> ROBBERY	d. <input type="checkbox"/> DOMESTIC VIOLENCE	j. <input type="checkbox"/> ASSAULT	e. <input type="checkbox"/> ADULT SEXUAL ASSAULT	k. <input type="checkbox"/> OTHER VIOLENT CRIMES	f. <input type="checkbox"/> ELDER ABUSE	l. <input type="checkbox"/> OTHER
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<p>12. CHECK THE SERVICES TO BE PROVIDED BY THIS VOCA-FUNDED PROJECT (VOCA grant plus Match)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. <input type="checkbox"/> CRISIS COUNSELING</td> <td style="width:50%;">h. <input type="checkbox"/> CRIMINAL JUSTICE SUPPORT/ADVOCACY</td> </tr> <tr> <td>b. <input type="checkbox"/> FOLLOWUP CONTACT</td> <td>i. <input type="checkbox"/> EMERGENCY FINANCIAL ASSISTANCE</td> </tr> <tr> <td>c. <input type="checkbox"/> THERAPY</td> <td>j. <input type="checkbox"/> EMERGENCY LEGAL ADVOCACY</td> </tr> <tr> <td>d. <input type="checkbox"/> GROUP TREATMENT</td> <td>k. <input type="checkbox"/> ASSISTANCE IN FILING COMPENSATION CLAIMS</td> </tr> <tr> <td>e. <input type="checkbox"/> CRISIS HOTLINE COUNSELING</td> <td>l. <input type="checkbox"/> PERSONAL ADVOCACY</td> </tr> <tr> <td>f. <input type="checkbox"/> SHELTER/SAFE HOUSE</td> <td>m. <input type="checkbox"/> TELEPHONE CONTACTS (Information and referral)</td> </tr> <tr> <td>g. <input type="checkbox"/> INFORMATION AND REFERRAL (In-person)</td> <td>n. <input type="checkbox"/> OTHER</td> </tr> </table>		a. <input type="checkbox"/> CRISIS COUNSELING	h. <input type="checkbox"/> CRIMINAL JUSTICE SUPPORT/ADVOCACY	b. <input type="checkbox"/> FOLLOWUP CONTACT	i. <input type="checkbox"/> EMERGENCY FINANCIAL ASSISTANCE	c. <input type="checkbox"/> THERAPY	j. <input type="checkbox"/> EMERGENCY LEGAL ADVOCACY	d. <input type="checkbox"/> GROUP TREATMENT	k. <input type="checkbox"/> ASSISTANCE IN FILING COMPENSATION CLAIMS	e. <input type="checkbox"/> CRISIS HOTLINE COUNSELING	l. <input type="checkbox"/> PERSONAL ADVOCACY	f. <input type="checkbox"/> SHELTER/SAFE HOUSE	m. <input type="checkbox"/> TELEPHONE CONTACTS (Information and referral)	g. <input type="checkbox"/> INFORMATION AND REFERRAL (In-person)	n. <input type="checkbox"/> OTHER										
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SUBGRANT AWARD REPORT INSTRUCTIONS

DEFINITIONS:

The following words are defined to provide consistency in completing the Subgrant Award Report Form.

Child - A person under the age of 18 or as otherwise defined by State law.

Elder Abuse - abuse perpetrated by a caretaker upon an elderly individual who depends on others for support and assistance.

Victim Services Program - all services and activities offered on behalf of victims of crime, including the VOCA grant and match.

VOCA - Funded Project - VOCA funds plus match.

1. a. Provide the name and a two-line address of the agency receiving the VOCA funds. This item refers to the agency providing the direct services to victims of crime, not a pass-through or conduit agency.
- b. Provide the area code and telephone number.
- c. List the Congressional District and any other District(s) affected by the VOCA-funded program or project.
2. Provide the Federal grant award number from which this subgrant is made. This number can be found in "item 4" of the OJP "Award" document, Form 4000/2. Note: If funds are awarded from more than one Federal VOCA grant award to this victim agency, a Subgrant Award Report must be completed and submitted for each award.
3. Check the appropriate box.
4. a. Provide the total dollar amount of VOCA funds awarded. Do not report sums less than one dollar.
- b. Provide the State award number assigned to this VOCA award. Note: Each number must be different.
- c. Indicate the date the VOCA-funded project begins.
- d. Indicate the date the VOCA-funded project ends.
5. a. Provide the value of in-kind match.
- b. Provide the value of cash match.
- c. Indicate the total match available to this VOCA-funded project. Note: Do not report sums less than one dollar.

All VOCA awards must be matched (20 percent), either with in-kind or cash match, except for VOCA subgrants made in the Virgin Islands, Puerto Rico, American Samoa, Guam, Northern Marianas, and Palau. Match must run concurrently with the VOCA-funded project and must be designated exclusively for direct victim services as determined by VOCA. No Federal funds may be used to match this VOCA subgrant.

This is computed by dividing the amount of the award from item 4.(a) by .80 and subtracting the amount of the award from the figure obtained. (For example, a \$30,000 award divided by .80 equals \$37,500, less \$30,000 award equals \$7,500 match.)

Native American Tribe/Organization Match is 5%, if the Tribe or Organization is located on a reservation. This is computed by dividing the amount of the award from item 4.(a) by .95 and subtracting the amount of the award from the figure obtained. (For example, a \$30,000 award divided by .95 equals \$31,579, less \$30,000 award equals \$1,579 match.)

6. Check the box that indicates how the VOCA funds will, primarily, be used. If it will be used equally for two or more items, select 6.(e), "Other."
- 7.a.b. Within the victim services program, which includes the VOCA funds and match, indicate the number of paid staff (7.a.) and whether or not a volunteer waiver has been given (7.b.). If "No," indicate the number of volunteer staff. Use full-time equivalents when responding to these questions and round fractions to the nearest whole number. These numbers may be estimated or prorated.
8. Indicate the amount of VOCA funds that are allocated to the priority and underserved victims of crime.

9. Check the appropriate boxes that best describe the agency listed in item 1.
10. Report the total budget available to the victim services program, by source of funding. Do not report the entire agency budget, unless the entire budget is devoted to victim services. For example, if VOCA funds are awarded to support a victim advocate unit in a prosecutor's office, then only report the budget for the victim advocate unit. Note: Do not include in-kind match. Do not report sums less than one dollar.
11. Check the box(es) that best identify type(s) of victims the VOCA-funded project will serve. "Other" in this category refers to victims of non-violent crime, i.e., burglary, white collar, etc. Please specify.
12. Check the box(es) that best identifies the types of services or activities that will be provided by the VOCA-funded project, as described below. Note: Report only those services actually provided by the VOCA-funded project. Do not report services offered by another agency.
 - a. **Crisis Counseling** refers to in-person crisis intervention, emotional support, and guidance and counseling provided by advocates, counselors, mental health professionals, or peers. Such counseling may occur at the scene of a crime, immediately after a crime, or be provided on an on going-basis.
 - b. **Followup Contact** refers to in-person contacts, telephone contacts, and written communications with victims to offer emotional support, provide empathetic listening, check on a victim's progress, etc.
 - c. **Therapy** refers to intensive professional psychological and or psychiatric treatment for individuals, couples, and family members related to counseling to provide emotional support in crisis arising from the occurrence of crime. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.
 - d. **Group Treatment** refers to the coordination and provision of supportive group activities and includes self-help, peer, social support, etc.
 - e. **Crisis Hotline Counseling** typically refers to the operation of a 24-hour telephone service, 7 days a week, which provides counseling, guidance, emotional support, information and referral, etc.
 - f. **Shelter/Safe House** refers to offering short-and long-term housing and related support services to victims and families following a victimization.
 - g. **Information and Referral (in-person)** refers to in-person contacts with victims during which time services and available support are identified.
 - h. **Criminal Justice Support/Advocacy** refers to support, assistance, and advocacy provided to victims at any stage of the criminal justice process, to include post-sentencing services and support.
 - i. **Emergency Financial Assistance** refers to cash outlays for transportation, food, clothing, emergency housing, etc.
 - j. **Emergency Legal Advocacy** refers to the filing of 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 attorneys for non-emergency purposes, such as custody disputes, civil suits, etc.
 - k. **Assistance in Filing Compensation Claims** includes making victims aware of the availability of crime victim compensation, assisting the victim in completing the required forms, gathering the needed documentation, etc. It may also include follow-up contact with the victim compensation agency on behalf of the victim.
 - l. **Personal Advocacy** refers to assisting victims in securing rights, remedies, and services from other agencies; locating emergency financial assistance, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workman's compensation, unemployment benefits, welfare, etc.; accompanying the victim to the hospital; etc.
 - m. **Telephone Contacts** refers to contacts with victims during which time services and available support are identified
 - n. **Other** refers to other VOCA allowable services and activities not listed.

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions and entering the data into the Subgrant Subdial System. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the State Compensation and Assistance Division, Office for Victims of Crime, U.S. Department of Justice, 633 Indiana Avenue, N.W., Washington, D.C. 20531, and to the Public Use Reports Project, 1121-0142, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Attachment J
Victims of Crime Act
Victim Assistance Grant Program
State Performance Report



U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE FOR VICTIMS OF CRIME
WASHINGTON, D.C. 20531

VICTIMS OF CRIME ACT VICTIM ASSISTANCE GRANT PROGRAM STATE PERFORMANCE REPORT

REPORT TIMEFRAME

THE STATE CRIME VICTIM ASSISTANCE AGENCY RECEIVING FUNDS UNDER THE VICTIMS OF CRIME ACT (VOCA) IS REQUIRED TO SUBMIT ONE STATE PERFORMANCE REPORT ANNUALLY WHICH INCLUDES INFORMATION ON ALL GRANTS ACTIVE DURING THE FISCAL YEAR. THIS REPORT IS DUE JANUARY 15 OF EACH YEAR. THE PERFORMANCE REPORT PROVIDES INFORMATION ON THE EFFECT THE VOCA FUNDS HAD ON SERVICES TO CRIME VICTIMS IN THE STATE. THIS REPORT SHOULD BE SUBMITTED UPON REQUEST BY THE OFFICE FOR VICTIMS OF CRIME, 810 SEVENTH STREET, N.W., WASHINGTON, D.C. 20531.

INDICATE REPORTING PERIOD: OCTOBER 1, _____ THROUGH SEPTEMBER 30, _____

**SECTION I
STATE IDENTIFICATION**

A. STATE: _____ B. FEDERAL GRANT NUMBER: _____
C. GRANTEE NAME: _____
STREET/P.O. BOX: _____
CITY/STATE/ZIP CODE: _____
D. CONTACT PERSON: _____ TELEPHONE: (_____) _____

**SECTION II
STATE FUNDING INFORMATION**

A. INDICATE THE ANNUAL (during the corresponding state fiscal year) FUNDING AMOUNTS ALLOCATED TO THE VICTIM ASSISTANCE PROJECTS IN THE STATE:

STATE FISCAL YEAR FUNDING	FISCAL YEAR
1. APPROPRIATIONS	\$
2. CRIMINAL FINES & PENALTIES	\$
3. ASSESSMENTS (e.g., Marriage License, Birth Certificate Fees)	\$
4. OTHER (Specify)	\$
TOTAL:	\$

B. INDICATE TOTAL NUMBER OF AGENCIES FUNDED FROM THIS FEDERAL GRANT: _____
C. INDICATE THE NUMBER OF SUBGRANTS FUNDED FROM THIS FEDERAL GRANT: _____

**SECTION III
VICTIM STATISTICS**

A. INDICATE THE NUMBER OF VICTIMS SERVED BY TYPE OF VICTIMIZATION:
NOTE: Indicate the number of victims served by VOCA-funded projects during the grant period. Each victim should be counted only once, i.e., a victim of a series of spouse abuse assaults should be counted more than once only as a result of separate and unrelated crimes.

NO. OF VICTIMS SERVED	NO. OF VICTIMS SERVED	NO. OF VICTIMS SERVED
	1. CHILD PHYSICAL ABUSE	7. ADULTS MOLESTED AS CHILDREN
	2. CHILD SEXUAL ABUSE	8. SURVIVORS OF HOMICIDE VICTIMS
	3. DUI/DWI CRASHES	9. ROBBERY
	4. DOMESTIC VIOLENCE	10. ASSAULT
	5. ADULT SEXUAL ASSAULT	11. OTHER (Specify)
	6. ELDER ABUSE	
	TOTAL:	

**SECTION III
VICTIM STATISTICS
(Continued)**

B. INDICATE THE NUMBER OF VICTIMS WHO RECEIVED THE FOLLOWING SERVICES (See instructions for definitions for each service):

NO. OF VICTIMS SERVED	NO. OF VICTIMS SERVED	NO. OF VICTIMS SERVED
	1. CRISIS COUNSELING	8. EMERGENCY FINANCIAL ASSISTANCE
	2. FOLLOWUP	9. EMERGENCY LEGAL ADVOCACY
	3. THERAPY	10. ASSISTANCE IN FILING COMPENSATION CLAIMS
	4. GROUP TREATMENT/SUPPORT	11. PERSONAL ADVOCACY
	5. SHELTER/SAFEHOUSE	12. TELEPHONE CONTACT INFORMATION/REFERRAL
	6. INFORMATION/REFERRAL (IN-PERSON)	13. OTHER (Specify)
	7. CRIMINAL JUSTICE SUPPORT/ADVOCACY	
	TOTAL:	

PLEASE PROVIDE A NARRATIVE DESCRIPTION RESPONDING TO THE FOLLOWING QUESTIONS.
ADDITIONAL 8 1/2 x 11 SHEETS MAY BE ATTACHED IF NECESSARY.

A. WHAT ARE THE MAJOR ISSUES, IN YOUR STATE, IF ANY, THAT HINDER VICTIM ASSISTANCE PROGRAMS IN ASSISTING CRIME VICTIMS IN FILING FOR COMPENSATION BENEFITS AND IN UNDERSTANDING STATE VICTIM COMPENSATION ELIGIBILITY REQUIREMENTS?

B. BRIEFLY DESCRIBE EFFORTS TO PROMOTE COORDINATED PUBLIC AND PRIVATE EFFORTS WITHIN THE COMMUNITY TO AID CRIME VICTIMS.

C. BRIEFLY DESCRIBE EFFORTS TAKEN TO SERVE FEDERAL CRIME VICTIMS, I.E., COORDINATION, ETC.

D. DESCRIBE ANY NOTABLE ACTIVITIES CONDUCTED AT THE STATE OR SUBGRANT LEVEL TO IMPROVE THE DELIVERY OF VICTIM SERVICES (I.E., NEEDS ASSESSMENTS, PROGRAM MONITORING, AND PROGRAM EVALUATION). INCLUDE TRAINING EFFORTS, AND USE OF VOCA APPROVED TRAINING FUNDS, IF APPLICABLE.

E. INCLUDE AND/OR ATTACH ANECDOTAL INFORMATION AND INDIVIDUAL CASE HISTORIES ILLUSTRATING AT LEAST FOUR WAYS IN WHICH VOCA FUNDS HAVE BEEN USED TO ASSIST CRIME VICTIMS. (LETTERS FROM CRIME VICTIMS ARE HELPFUL.)

F. IDENTIFY ANY EMERGING ISSUES OR NOTABLE TRENDS IMPACTING CRIME VICTIM SERVICES IN YOUR STATE.

G. SPECIFICALLY DISCUSS HOW YOUR STATE HAS USED VOCA ADMINISTRATIVE FUNDS, AND THE IMPACT OF THESE FUNDS ON THE STATE'S ABILITY TO IMPROVE VICTIMS SERVICES.

SECTION IV
PROGRAM IMPLEMENTATION

AUTHORIZED SIGNATURE

DATE

VICTIMS OF CRIME ACT
VICTIM ASSISTANCE GRANT PROGRAM
STATE PERFORMANCE REPORT
INSTRUCTIONS – DEFINITIONS

Each State agency designated to administer Victims of Crime Act (VOCA) victim assistance funds is required to submit a Performance Report on the uses and effects these grant funds have had on services to crime victims in the State. This Performance Report will be used to capture this information as well as aggregated data on VOCA supported activities carried out within the State during the grant period and must be submitted upon request by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice, 810 Seventh Street, N.W., Washington, D.C. 20531.

IMPORTANT NOTE REGARDING VICTIM SERVICES: A VOCA project refers to activities and services supported by VOCA funds plus required match. Except where otherwise indicated, the information in the State Performance Report must be based solely on the VOCA-funded projects, not on all other services and activities provided by the victim services agency.

SECTION I. STATE IDENTIFICATION

Complete all items in this section.

SECTION II. STATE FUNDING INFORMATION

- A. Indicate the value of funds allocated for victim services during the Federal grant period. Include all funds targeted for victims services that are administered by the State agency designated to administer the VOCA victim assistance grant. Include direct appropriations, special assessments such as marriage license and birth certificate fees, and any other sources of victim program funding available from State resources. Do not include any sources of Federal funding such as victim compensation or assistance.
- B. Provide the total number of victim services agencies funded with VOCA funds during this grant period.
- C. Provide the total number of subgrants that are included in this State Performance Report.

SECTION III. VICTIM STATISTICS

- A. Indicate the number of victims served by type of victimization. For Item 11, you may submit an additional sheet of paper to identify and record the number of victims served.
- B. Provide the number of victims receiving each type of service. Note: Review the description of each service prior to completing this question.
1. *Counseling* refers to in-person crisis intervention, emotional support, and guidance and counseling provided by advocates, counselors, mental health professionals, or peers. Such counseling may occur at the scene of the crime, immediately after a crime, or be provided on an ongoing basis.
 2. *Followup* refers to in-person contacts, telephone contacts, and written communications with victims to offer emotional support, provide empathetic listening, check on a victim's progress, etc.

3. *Therapy* refers to intensive professional psychological and/or psychiatric treatment for individuals, couples, and family members related to counseling to provide emotional support in crisis arising from the occurrence of crime. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.
4. *Group Treatment/Support* refers to the coordination and provision of supportive group activities and includes self-help, peer, social support, etc.
5. *Shelter/Safe House* refers to offering short- and long-term housing and related support services to victims and families following victimization.
6. *Information/Referral (in-person)* refers to in-person contacts with victims during which time, services, and available support are identified.
7. *Criminal Justice Support/Advocacy* refers to support, assistance, and advocacy provided to victims at any stage of the criminal justice process, to include post-sentencing services and support.
8. *Emergency Financial Assistance* refers to cash outlays for transportation, food, clothing, emergency housing, etc.
9. *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 attorneys for non-emergency purposes, such as custody disputes, civil suits, etc.
10. *Assistance in Filing Compensation Claims* includes making the victim aware of the availability of crime victim compensation, assisting the victim in completing the required forms, gathering the needed documentation, etc. It also may include follow-up contact with the victim compensation agency on behalf of the victim.
11. *Personal Advocacy* refers to assisting victims in securing rights, remedies, and services from other agencies; locating emergency financial assistance, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workman's compensation, unemployment benefits, welfare, etc.; accompanying the victim to the hospital; etc.
12. *Telephone Contact* refers to contacts with victims during which time services and available support are identified. This does not include calls during which counseling is the primary function of the telephone call.
13. *Other* refers to other VOCA allowable services and activities not listed.

SECTION IV. PROGRAM IMPLEMENTATION

Please prepare a detailed narrative describing how your State has addressed each of the questions. You may provide supporting statements from subrecipients and crime victims.

Public reporting burden for this collection of information is estimated to average 20 hours per response, including the time for reviewing instructions and entering the data needed, completing and reviewing the collection of information, and recordkeeping. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the State Compensation and Assistance Division, Office for Victims of Crime, U.S. Department of Justice, 810 Seventh Street, N.W., Washington, D.C. 20531, and to the Public Use Reports Project, 1121-0115, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.