



Office for Victims of Crime Crime Victim/Survivor Scholarship Program Application

Thank you for your interest in the OVC Crime Victim/Survivor Scholarship Program. Your application will allow us to learn more about your organization and the conference that you are sponsoring.

Please complete the Crime Victim/Survivor Application as accurately as possible. If you need assistance completing this form or have specific questions, please contact OVC TTAC toll free at 1-866-OVC-TTAC (682-8822), or through our TTY at 1-866-682-8880.

REQUIRED DOCUMENTS CHECKLIST

In order for your application to be considered complete, you must e-mail the following, along with your application, to ttac@ovcttac.org at least 90 calendar days prior to the event or the request will be rejected – NO EXCEPTIONS. If you submit your application at the 90 calendar day deadline, your application must be complete and not require extensive follow up.

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Complete conference agenda to include the following information:

- Date
- Time (example: 1:00pm – 3:00pm)
- Title & Description
- Room/Location

If available, the scholarship application your organization will use to determine recipient eligibility.

Section A: Organization Information

This section will provide additional information about your organization.

1. Organization Name: _____
2. Street Address: _____
3. City: _____ State: _____ Zip: _____
4. Telephone: _____ Fax: _____ Web site: _____

5. Organization Type:

National Coalition State Coalition State Government Agency
Victims of Crime Act (VOCA) Agency Community-based or Faith-based Non-Profit
Private Non-Profit [Example: 501(c)(3)] Other: _____

6. Has the organization previously received OVC funding under the following programs and grants?

Discretionary grant Not applicable

7. If you have received funding from either source identified in Question #6, were any of the funds designated for conference support?

Yes No Not applicable

8. What is the mission of your organization?

9. Whom does your organization serve?

Section B: Applicant Point of Contact Information

This section will provide information about the individual that we will be working with throughout the application process.

10. Contact Person: _____

11. Title or Position: _____

12. Organization: _____

13. Street Address: _____

14. City: _____ State: _____ Zip: _____

15. Telephone: _____ Fax: _____ Web site: _____

Section C: Conference Information

This section will provide information about the conference you are planning.

16. Conference Scope (*Select One*): National State

If state, does your state have an established State Victim Assistance Academy in place?

Yes No

17. Conference Title: _____

18. Conference Date(s): _____

19. Location, City, State: _____

20. Expected Number of Attendees: _____

21. Intended Audience (*Example: Victim Advocates, Forensic Interviewers, etc*):

22. Conference Co-sponsors (*If applicable*):

23. What is your conference agenda? **Please attach your agenda when submitting this form.**

The following information should be included for each session or activity:

- a. Date
- b. Time (example: 1:00 p.m. to 3:00 p.m.)
- c. Title & Description
- d. Room/Location

Section D: Scholarship Administration Information

This section will provide information about your experience administering scholarship programs.

24. How many times has your organization administered a scholarship program? _____

25. Please describe your organization's prior experience managing a scholarship program.

Your response should include the following for no more than the last two scholarship programs administered: *The associated event names and dates for the scholarship programs, the total funds administered for each of the previous scholarship programs, the items that the scholarships covered, the number of scholarships awarded, the source of funding for the scholarship programs, and the process used to administer the scholarship awards (e.g., description of award criteria, how scholarships were advertised, how award decisions were made, for example, need based, merit based, etc.).*

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26. Please describe the selection process your organization will use to award scholarships. Your response should include the following: *How your organization will determine if the recipients have at least 1 year of volunteer or advocacy service to other victims of crime, your threshold for determining if the recipients demonstrate financial need, how your organization will collect information on recipients' victimization to include: nature of victimization, city, state, and year (Please note that if approved to award scholarships, your organization will be asked to send OVC TTAC a list of scholarship recipients although recipients may remain anonymous), and any other criteria that you plan to hold the recipients to.*

Section E: Reimbursement and Evaluation

This section provides information on the reimbursement and feedback requirements associated with this program.

If the organization receives approval to award scholarships, the organization's contact person will receive a reimbursement form and feedback form with the award notification. The Training Event feedback form provides feedback on the event that your organization is (co) sponsoring. It should be copied and distributed to individual scholarship awardees attending the conference.

Additionally, you will receive a feedback form for your organization to provide feedback on the OVC Crime Victim/Survivor Scholarship Program application process. The forms must be completed, collected, and returned to the Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC) along with the reimbursement forms and materials **within 30 calendar days following the event** in order to receive reimbursement for expenses.

Section F: Budget Information

This section provides information on how the budget process works and will provide information on your budget associated with the Crime Victim/Survivor scholarships.

If awarded your organization must first reimburse individuals; OVC TTAC will reimburse your organization upon demonstration of payment to individuals per these guidelines. Organization staff members who apply for Crime Victim/Survivor support are encouraged to ask OVC TTAC staff for assistance to understand what constitutes covered reimbursement costs in advance of event.

All individual expenses under the OVC Crime Victim/Survivor Scholarship Program will be reimbursed at the current Federal Government rates for the date and location of the training (*For current rates, please visit www.gsa.gov.*) If the Federal Government rate is less than the rate charged, the conference attendee is responsible for the difference. For example, if the Federal Government rate for Hotel A is \$80/night and Hotel A charges \$90/night, the scholarship recipient will be responsible for the \$10 difference. The request for reimbursement, with required documentation, must be submitted by your organization to OVC TTAC **within 30 calendar days following the conference. The request for reimbursement must include the required documentation for all individual scholarship awardees.**

The following regulations are to be followed for reimbursement of scholarship expenses

- **Tuition/registration fees** will be reimbursed after the event. The organization is expected to encourage scholarship recipients to preregister for events to take advantage of the most favorable tuition/registration rates. Fees for late registration are not covered under the scholarship.

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- **Transportation expenses** will be reimbursed after the event at the current Federal Government rate. Transportation expenses can include round-trip coach airfare, train fare, bus fare, or a personal vehicle mileage reimbursement. Personal vehicle mileage to and from the event site will be reimbursed at the current Federal Government rate of \$0.555 per mile. Rental cars are not covered. Scholarship recipients are encouraged to take advantage of excursion or other special airfares (such as 14-day advance purchase) when booking air travel. Train or air travel may be booked only if it is the least expensive travel option.
- **Lodging expenses** will be reimbursed to the scholarship recipient after the event at the current Federal Government rate.
- **Meals/incidental expenses** will be reimbursed after the event at the Federal Government per diem rate for the location of the conference.

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Budget information required by OVC should include a detailed account of how scholarship funds will support your organization's conference. In the following table, please indicate, in Part A, indicate the total assistance that your organization is requesting through the scholarship program. Current budgetary information should be recorded in Part B.

A. Total Assistance Your Organization is Requesting	Total
Number of Event Days:	
Projected Number of Scholarship Recipients:	
Conference Registration Fee x # of recipients: \$ _____ x _____ <i>Example: \$250 (conference fee) x 2 (total number of recipients) = \$500</i> <i>Note: Any food and beverage amounts must be deducted from the registration fee amount that you are requesting from OVC.</i>	
Daily Allowance for Lodging x # of nights: \$ _____ x _____ <i>Example: \$85 per day including taxes x 11 nights = \$935</i> <i>(For current rates, please visit www.gsa.gov)</i>	
Daily Allowance for Full Day M&IE x # of days x # of recipients: \$ _____ x _____ x _____ = _____ Daily Allowance for Travel Day M&IE x # of days x # of recipients: \$ _____ x _____ x _____ = _____ <i>Example: \$25 per day x 3 days x 2 (total number of recipients) = \$150</i> <i>(For current rates, please visit www.gsa.gov)</i>	
Ground Transportation Personal Car Mileage @ \$0.555 per mile x # of total estimated miles: \$ _____ x _____ = _____ Shuttle Expense x # of recipients: \$ _____ x _____ = _____ Taxi Expense x # of recipients: \$ _____ x _____ = _____ Rental car expenses are not covered.	
Travel (air/train/bus fare)	
Total Request:	

B. Agency Budget Information	Total
What is the organization's current total operating budget?	
What amount of the operating budget is allocated to this conference? (Enter \$0 if none)	
How many participants do you expect to attend the conference?	

NOTE: Budget information is required to be considered for OVC Crime Victim/Survivor Scholarships. An application missing this information will be considered incomplete.

Section G: Program Concurrence

This section ensures that you attest to and confirm agreement with program guidelines and policies. You must certify all items listed below to be entered into consideration for a Crime Victim/Survivor Scholarship award. Please review each item, initial each to certify, and sign the application.

I certify that:

- _____ (1) my organization is unable to completely underwrite scholarships for victims/survivors wishing to attend our conference;
- _____ (2) the crime victim scholarship recipients have at least one year of volunteer/advocacy service to other victims;
- _____ (3) my organization has the experience and capacity to administer a scholarship program;
- _____ (4) any support obtained via the OVC Crime Victim/Survivor Scholarship Program will not be used to replace funding previously allocated to support scholarships for conference attendees;
- _____ (5) my organization will reimburse Crime Victim/Survivor individuals. Upon proof of reimbursement, OVC TTAC will then reimburse my organization;
- _____ (6) funding for scholarships will not be used in any manner to support the expenses of our organization's staff/contractor labor, including travel, lodging, per diem, etc., before, during, or after the conference;
- _____ (7) this conference is verifiably nationwide or statewide in scope and audience;
- _____ (8) my organization will act in accordance with the Crime Victim/Survivor Scholarship Program guidelines, terms, and conditions, will perform all actions requested in this application, and will not take any actions that go beyond the scope of this program; and
- _____ (9) information provided in this application is accurate and verifiable.

Furthermore, I understand and agree that any false information, misrepresentation, or willful or negligent failure to disclose any information pertinent to this application or my organization will constitute sufficient grounds for the removal of my application from consideration, the return of funding by my organization to OVC if funding has been granted, and/or the inability of my organization to apply for future funding opportunities.

Signature of Organization's Chief Executive

Date

Title

Name of Organization

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By my signature below, I certify the information I provided on and in connection with this form is true, accurate and complete.

Applicant Signature

Date

How did you hear about OVC TTAC?

OVC TTAC Web site

OVC TTAC Event

OVC TTAC Listserv

Deferred by another organization

Referred by colleague or friend

Referred by OVC

Other (Specify) _____