

TRAINING AND TECHNICAL ASSISTANCE APPLICATION INSTRUCTIONS

The Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC) provides comprehensive, quality training and technical assistance (TTA) resources to victim service providers and allied professionals. This Training and Technical Assistance Application is a way to request TTA support specific to your community's needs.

- What type of TTA can be requested?** OVC TTAC provides speakers for conferences, including victims who are willing to speak about their experience, and trainers for workshops and tailored trainings relating to a host of victims issues. OVC TTAC also provides expert, focused assistance in needs assessments, program development, and evaluation. All TTA is intended to assist requesting organizations in improving direct services to victims of crime.
- Who is eligible to apply for (TTA)?** Victim service providers, criminal justice professionals, and allied (e.g., mental health, medical, clergy) professionals who work in community or state agencies, nonprofits, tribal organizations, and other institutions that serve victims of crime may apply for Customized TTA support.
- What are the evaluation criteria?** OVC reviews and makes funding decisions on TTA applications. Key criteria for evaluating TTA applications include the following:
- The organization applying for assistance is an established public or private nonprofit organization with an existing track-record of serving crime victims.
 - The TTA will expand the capacity of the organization to effectively address the needs of victims in the community or geographic region that it serves.
 - The requested assistance is not provided by another federal organization, including via an ongoing or recent grant.
 - The requested assistance falls within the mission and funding priorities identified by OVC.
 - OVC has not supported the organization in the past 12 months.
 - The organization applying for assistance will contribute resources or funds toward the delivery of the requested assistance.
 - **OVC TTAC must receive the complete and accurate application at least 135 days prior to the date TTA is needed —NO EXCEPTIONS.**
- How do I apply for TTA?** **If you are ready to submit your application**, instructions are provided at the end of this form. Complete the following application, and submit it along with a letter written on your organization's letterhead and signed by a senior officer, explaining your TTA need.
- To ensure that your application is complete and accurate, you are strongly encouraged to seek OVC TTAC assistance at 1-866-682-8822 (TTY 1-866-682-8880) prior to submission.
- OVC TTAC will acknowledge receipt within 24 hours of your submission, and a Technical Assistance Specialist will be assigned your request for processing.

TRAINING AND TECHNICAL ASSISTANCE APPLICATION

I. CONTACT INFORMATION

Today's Date	
Your Name	
Your Title	
Organization Name	
Street Address	
City, State, and Zip	
Phone Number	
Fax Number	
E-mail Address	
Web Site Address	

If the organization is faith-based, please complete the following chart:

Executive Director (or Equivalent)	
Year Founded	
# of Clients Served Per Year	
Number of Staff	

II. TTA ORGANIZATION INFORMATION

A. Check the type of organization? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Community-based nonprofit organization | <input type="checkbox"/> Military-based victim services |
| <input type="checkbox"/> Corrections-based victim services | <input type="checkbox"/> Prosecution-based victim services |
| <input type="checkbox"/> Court | <input type="checkbox"/> Rural victim services |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Schools: KB12 |
| <input type="checkbox"/> Federal criminal justice system | <input type="checkbox"/> Tribal justice system |
| <input type="checkbox"/> Juvenile justice system | <input type="checkbox"/> University/college campus-based victim services |
| <input type="checkbox"/> Law enforcement-based victim services | <input type="checkbox"/> Urban victim services |
| <input type="checkbox"/> Medical health care | <input type="checkbox"/> VOCA administration |
| <input type="checkbox"/> Mental health care | <input type="checkbox"/> VOCA compensation |
| <input type="checkbox"/> Other: | |

B. Check the type of services offered by your organization. Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Advocacy - general | <input type="checkbox"/> Medical/dental assistance |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Monitoring subgrantees |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Restitution |
| <input type="checkbox"/> Criminal justice advocacy and support | <input type="checkbox"/> Shelter/safe house/transitional housing |
| <input type="checkbox"/> Crisis response, intervention, or counseling | <input type="checkbox"/> Training |
| <input type="checkbox"/> Crisis/mental health counseling | <input type="checkbox"/> Technical assistance |
| <input type="checkbox"/> Crisis hotline | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Financial assistance | <input type="checkbox"/> Victim compensation |
| <input type="checkbox"/> Food/clothing assistance | <input type="checkbox"/> Victim/offender mediation |
| <input type="checkbox"/> Group treatment/support group | <input type="checkbox"/> Other direct services: [REDACTED] |
| <input type="checkbox"/> Information/referral | <input type="checkbox"/> Other direct services: [REDACTED] |
| <input type="checkbox"/> Legal advocacy/restraining orders | <input type="checkbox"/> Other direct services: [REDACTED] |

C. Is your organization an OVC grantee? YES NO

If YES, please indicate the name of the organization's OVC grant monitor: [REDACTED]

If YES, please indicate the amount of OVC funding the organization has received in the last twelve months: [REDACTED]

OVC TTAC will contact the grant monitor listed regarding your request.

If NO, Do you receive VOCA funding from your state? YES NO

D. Has your organization received OVC TTAC assistance in the last twelve months? YES NO

If YES, how many times has the organization received assistance in the past twelve months? [REDACTED]

What was the nature of the assistance or purpose of the funding? [REDACTED]

III. TRAINING/TECHNICAL ASSISTANCE REQUEST INFORMATION

Please complete the chart for each training and/or technical assistance event or workshop you are requesting (Note that OVC may or may not approve multiple requests). If the TTA requested occurs within a larger conference, please make sure the information in the chart describes the specific requested event or workshop, not the larger conference.

A. Provide information on the TTA requested in the chart below.

Name of each TTA event/workshop	
If event/workshop is part of a larger conference, please provide the conference title	
Location of event/workshop	
Facility Name in that location	
Date(s) of each event/workshop (mm/dd/yyyy)	
Time(s) of each event/workshop	
Length(s) of each event/workshop	
Number of attendees expected at each event/workshop	

Description of each event/workshop	
Objectives for each event/workshop (list at least three) See sample TA application for help with objectives.	
How will this event/workshop help participants serve crime victims?	
Explain why your agency is seeking OVC funding for this event/workshop.	

B. Who will receive the TTA described above? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Administrators | <input type="checkbox"/> Law enforcement personnel |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Legislators |
| <input type="checkbox"/> Corrections personnel | <input type="checkbox"/> Mental health providers |
| <input type="checkbox"/> Court personnel | <input type="checkbox"/> Probation personnel |
| <input type="checkbox"/> Educators | <input type="checkbox"/> Prosecutors |
| <input type="checkbox"/> Emergency service providers | <input type="checkbox"/> Tribal service providers |
| <input type="checkbox"/> Faith-based service providers | <input type="checkbox"/> Victim advocates |
| <input type="checkbox"/> General public | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Health care providers | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Judges | |

C. Please indicate below the support you are requesting from OVC TTAC for this TTA event.

- | | |
|--|--------------------------|
| Consultant Airfare | <input type="checkbox"/> |
| Consultant Meals | <input type="checkbox"/> |
| Consultant Lodging | <input type="checkbox"/> |
| Consultant Ground Travel | <input type="checkbox"/> |
| Consultant Fees | <input type="checkbox"/> |
| Reproduction of Consultant's Materials | <input type="checkbox"/> |
| Audiovisual Equipment for Consultant's Session | <input type="checkbox"/> |

D. Please indicate the matching support your organization (or partner agencies, if any) will be contributing towards this request.

- | | |
|--|--------------------------|
| Consultant Airfare | <input type="checkbox"/> |
| Consultant Meals | <input type="checkbox"/> |
| Consultant Lodging | <input type="checkbox"/> |
| Consultant Ground Travel | <input type="checkbox"/> |
| Consultant Fees | <input type="checkbox"/> |
| Reproduction of Consultant's Materials | <input type="checkbox"/> |
| Audiovisual Equipment for Consultant's Session | <input type="checkbox"/> |
| Facility Costs | <input type="checkbox"/> |

Education and Outreach
Additional Speakers
Other:
Other:

List any other information that is relevant to this event/workshop (or larger conference). For example: other agencies helping to sponsor the event.	
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IV. STATEMENT OF UNDERSTANDING

By submitting this application to OVC TTAC, I understand that upon approval of this application for training or technical assistance, the recipient agrees to keep OVC TTAC informed of any circumstances that may impact the delivery of the TTA, including changes in the date of the event, event cancellation, or difficulties communicating with the assigned consultant.

TO RETURN COMPLETED TTA APPLICATION:

Please submit all pages of the completed application along with a signed letter written on your organization’s letterhead requesting assistance to the OVC Training and Technical Assistance Center using one of the methods below. Your application will not be considered complete without the signed cover letter.

- a) Mail: OVC TTAC
9300 Lee Highway
Fairfax, VA 22031-6050
- b) Fax: 703-225-2338
- c) E-mail: ttac@ovcttac.org

Please call OVC TTAC at 1-866-682-8822 (TTY 1-866-682-8880) if you require further assistance.