

TRAINING BY REQUEST APPLICATION INSTRUCTIONS

The Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC) provides comprehensive, quality training and technical assistance resources to victim service providers and allied professionals. These instructor-led (face-to-face) trainings are offered “on request.” Training by Request (TBR) enables program leaders, like you, to request training from the OVC TTAC Trainings Catalog to be presented in their region.

You must submit your Training by Request application at least 135 days prior to the event. We know that delivering outstanding trainings requires time to plan and coordinate the event. For this reason, OVC TTAC will not be able to process requests that are received less than 135 days (4.5 months) from the date of the requested training event. An application is considered submitted when each section of the application is complete. For questions, contact training@ovcttac.org.

What training topics can be requested? OVC TTAC provides instructor-led trainings on an array of topics relevant to the field of victim services. All TBR is intended to assist requesting organizations in improving direct services to victims of crime. Available training topics include:

- Compassion Fatigue/Vicarious Trauma
- Curriculum Design for Victim Service Providers
- DNA in Sexual Assault Cases: The Role of Law Enforcement, SAFE/SANE Nurses, and Victim Advocates *
- Enforcing Victims’ Rights
- Grant Writing and Other Funding Strategies for Victim Service Providers
- Identifying and Responding to Elder Abuse
- Leadership in Victim Services
- Program Evaluation
- Providing Culturally Competent Services to Victims of Crime
- Serving LGBTQ Victims of Crime
- Serving Survivors of Homicide Victims *
- Sexual Assault Advocate/Counselor Training
- Strategic Planning for Victim Service Leaders
- Strengthening Military-Civilian Community Partnerships to Respond to Sexual Assault
- Supporting Children Living with Grief and Trauma: A Multidisciplinary Approach
- Supporting Crime Victims with Disabilities
- The Ultimate Trainer *

More information about the listed training topics can be found in the on-line Trainings Catalog at:

<https://www.ovcttac.gov/TrainingsCatalog>

* Training has special requirements. Please refer to page 7 of TBR application and Training Catalog course description.

Who is eligible to apply for TBR?

Any victim service providers, criminal justice professionals, and allied (e.g., mental health, medical, clergy) professionals can apply for TBR. Public agencies, nonprofits, or other organizations providing services to victims are eligible to apply for TBR as well.

*Please note that federal agencies should contact OVC TTAC directly if they are interested in bringing OVC trainings to their agencies.

Do Trainings by Request offer Continuing Education Units (CEUs)?

OVC TTAC will provide the resources necessary to offer continuing education units for the indicated trainings (see list of TBR training topics). **A final participant list including the emails for each participant must be provided to OVC TTAC no less than three weeks prior to training.** An email will go out to all participants detailing learning objectives, program content, learning outcomes, and expectations, required instructor/learner interaction, CEU FAQs, technology/equipment requirements as well as all CEU requirements including pre-assignments and a mandatory pre-assessment. The OVC TTAC on-site coordinator will supervise the on-site CEU process and will make participants aware of all onsite requirements for CEUs. Any questions regarding CEUs pre or post training can be directed to training@ovcttac.org.

What are the evaluation criteria?

OVC reviews and makes funding decisions on TBR applications. Key criteria for evaluating TBR applications include the following:

- The organization applying for assistance is a public agency or established private nonprofit organization providing services to crime victims.
- The TBR will expand the capacity of the organization, or build interorganization capacity, to serve crime victims.
- The organization (or coalition in the same area) has not received Training by Request in the past 12 months.
- The organization applying for assistance will:
 - Secure an appropriate training facility at no cost to OVC TTAC that is ADA compliant and meets our facility requirements (See page 4 for facility requirements). Please provide facility photos of the secured training facility.
 - Provide audio-visual/Internet connection, etc., at no cost to OVC TTAC. Audio-visual equipment includes a laptop with MS Office 2007, including Word and PowerPoint, an LCD projector, screen, external speakers so that video clips will be audible, and flipchart/markers.
 - Coordinate local marketing and send invitations to participants that will include requirements for the successful completion of the training.
 - Guarantee a minimum of 30 and maximum of 40 participants to attend from their agency and/or from a coalition of local or regional agencies.
 - Identify a suitable hotel near the training facility for housing OVC TTAC instructors, an on-site coordinator, and any training participants coming in from out of town who may need overnight accommodations at the prevailing government rate. OVC TTAC will cover expenses for the instructor and on-site coordinator.

- Provide information about ground transportation options to and from the training facility if the training will not be held at a local hotel.
- Provide OVC TTAC with any information related to the special needs of training participants (e.g. the need for interpreters) at least 60 days prior to the training event. OVC TTAC will work with the requestor to research local agencies that may be able to assist.
- **OVC TTAC must receive a complete and accurate application at least 135 days prior to requested start date for the Training by Request—NO EXCEPTIONS.**

**How do I
apply for
TBR?**

To apply for TBR, please complete the following application, training facility checklist and statement of understanding. If you are ready to submit your application, instructions are provided at the end of this form (See page 7).

If you have questions about your application or Trainings by Request, you can contact OVC TTAC at 1-866-682-8822 (TTY 1-866-682-8880) or training@ovcttac.org.

OVC TTAC will acknowledge receipt of your application within 48 hours of your submission, and a Training Delivery Specialist will be assigned to your request for processing.

TRAINING BY REQUEST 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	

Please complete the following chart about your organization:

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

II. TBR ORGANIZATION INFORMATION

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

- | | |
|---|--|
| <input type="checkbox"/> Community-based nonprofit organization | <input type="checkbox"/> Prosecution-based victim services |
| <input type="checkbox"/> Corrections-based victim services | <input type="checkbox"/> Rural victim services |
| <input type="checkbox"/> Court | <input type="checkbox"/> Schools: K – 12 |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Tribal justice system |
| <input type="checkbox"/> Law enforcement-based victim services | <input type="checkbox"/> Juvenile justice system |
| <input type="checkbox"/> Medical health care | <input type="checkbox"/> University/college campus-based victim services |
| <input type="checkbox"/> Mental health care | <input type="checkbox"/> Urban victim services |
| <input type="checkbox"/> Military-based victim services | <input type="checkbox"/> VOCA administration |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> VOCA compensation |

B. What is the mission of your organization? Briefly describe.

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

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

D. Is your organization an OVC grantee? YES NO

If YES, please indicate the name of the organization’s OVC grant monitor: _____

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

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

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

E. 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? _____

What was the nature of the assistance or purpose of the funding? _____

III. TRAINING BY REQUEST INFORMATION

Please complete the chart for the instructor-led training you are requesting from the Training Catalog.

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

Name of the requested training	
Location of training (street address, city, state)	
Facility name in that location	
Proposed date(s) of training (mm/dd/yyyy)	
Number of attendees expected at the training (minimum 30 and maximum 40)	
Please list the names of any local/regional programs or individuals you are coordinating with to request and host this training.	

Please briefly describe your need, and explain how this training will benefit your organization and community.

B. What will be the composition of the audience for this training? 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="checkbox"/> Judges | <input type="checkbox"/> Other: |

C. Please complete the following chart to indicate the support individual or partner organizations (if any) will be contributing towards this training. If more than one, please indicate which partner is providing the selected service. Select all that apply.

Donated	Fee Charged	Goods/Service Provided	Name of Individual/ Partner Organization
<input type="checkbox"/>	<input type="checkbox"/>	Facility Cost	
<input type="checkbox"/>	<input type="checkbox"/>	Audiovisual Equipment	
<input type="checkbox"/>	<input type="checkbox"/>	Marketing and Outreach	
<input type="checkbox"/>	<input type="checkbox"/>	Materials (Flipchart, pens, tent cards, highlighters, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	Refreshments	
<input type="checkbox"/>	<input type="checkbox"/>	In Kind	
<input type="checkbox"/>	<input type="checkbox"/>	Other:	
<input type="checkbox"/>	<input type="checkbox"/>	Other:	
<input type="checkbox"/>	<input type="checkbox"/>	Other:	

TRAINING BY REQUEST FACILITY REQUIREMENTS

The Training by Request facility must be secured by the requestor at no cost to OVC TTAC. Below are the requirements for the training set-up and the facility must be able to accommodate these requirements. Please email pictures of the secured training space (meeting and breakout rooms, registration area) along with your application to training@ovcttac.org with the requestor organization name in the subject line. The facility must also be compliant with the Americans with Disabilities Act (ADA). Please visit the ADA website for more specific details on ADA compliance (<http://www.ada.gov/hsurvey.htm>). After reviewing these requirements, please complete the Training by Request Facility checklist.

Meeting Space Configuration

Registration Desk

One rectangle registration table with two chairs
Wastebasket

General Session Room (Accessible evening prior to training for set-up)

Tables and chairs to accommodate 30-40 people (4-6 per table)
1 table in the back of the room to be used as a resource table for on-site monitor
Tables in the back of the room to be used for morning and afternoon snack breaks, if snacks are going to be provided by the requestor or a partner/donor organization
1 head table for two in front of the room
2 flipcharts on easels with markers
Wastebasket

Special Training Requirements The following trainings require breakout rooms:

- DNA in Sexual Assault Cases: The Role of Law Enforcement, SAFE/SANE Nurses, and Victim Advocates
- The Ultimate Trainer

The following training requires a 4-5 person panel:

- Serving Survivors of Homicide Victims

Audio-Visual Needs

General Session Room

1 projection screen
1 LCD projector on cart or table
1 laptop—must have Microsoft PowerPoint 2007 as well as capability to play CD's and DVDs
Speakers

Business Services

On-site copying services (required for trainings providing CEUs) **PLEASE NOTE: If there are any questions about meeting the above training facility requirements, please contact OVC TTAC at training@ovcttac.org.**

TRAINING FACILITY CHECKLIST

I. FACILITY GENERAL INFORMATION

Requested training title	
Facility name	
Transportation Available (yes/no)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind of transportation (Shuttle, taxi, bus service, etc.):
Are the number, type, and size of meeting room(s) required by the conference available?	<input type="checkbox"/> Yes <input type="checkbox"/> No

II. TRAINING REGISTRATION AREA

Special registration area set aside	<input type="checkbox"/> Yes <input type="checkbox"/> No
Size of registration area	
Number of tables accommodated	
Adequate lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
General appearance	
Ease of access to meeting rooms	
Is the registration area wheelchair accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. MEETING SPACE

Condition	
Square footage	
Number of available breakout rooms/size	
Are walls soundproof?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temperature controls in rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lighting quality	
Sound system	
Please list any obstructions (ex. Columns, corners, etc.)	

AV company onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide: Company Name: Contact Person: Contact Information:
Restrooms nearby?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. BUSINESS SERVICES

Copying/duplicating services available?	<input type="checkbox"/> Yes <input type="checkbox"/> No *On-site copying services are a requirement of trainings providing Continuing Education Units (CEUs).
Charges for services	
Turnaround time for services	
Who is responsible for packages?	
Is the shipping address the same as the facility street address?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, who should packages be directed to? Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____

V. QUESTIONS

Is the facility ADA compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, what are the issues?
What is the name and address of the local hotel in proximity to the training if the training will not be conducted at a hotel in which instructors, on-site coordinators and out of town participants are able to lodge?	
If applicable, what is the distance from the training to the hotel?	
Will the recommended hotel for instructors and out-of-town participants likely sell out during the training dates?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STATEMENT OF UNDERSTANDING

This section ensures that you attest to and confirm agreement with program criteria and guidelines. You must agree/certify that your organization meets the requirements of the items listed below in order to be considered for OVC's Training by Request program approval.

I certify that (1) my organization has the experience and capacity to host a Training by Request, (2) the information provided in this application is accurate and verifiable, (3) my organization supports the event.

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

Title

Date

Name of Organization

TO RETURN COMPLETED TBR APPLICATION:

Please submit all pages of the completed training by request application, training facility checklist and signed statement of understanding to the OVC Training and Technical Assistance Center using one of the methods below.

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

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