

APPLICATION COVER SHEET

**OFFICE OF THE ATTORNEY GENERAL
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM
FY2011 GRANT APPLICATION**

APPLICANT ORGANIZATION:

1. NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

TELEPHONE: _____

FAX #: _____

E-MAIL: _____

FEIN #: _____

CHARITABLE TRUST #: _____

CHIEF EXECUTIVE OFFICER/EXECUTIVE DIRECTOR

CHIEF FINANCIAL OFFICER

PHONE # _____

CONTACT PERSON: _____

PHONE # _____

E-MAIL: _____

DESCRIBE YOUR SERVICE AREA:

Urban ___ Suburban ___ Rural ___

DESCRIBE YOUR REQUEST:

New ___ Continuation ___

Name and/or address of program applying for funds if other than above.

2. **FY 2010 AMOUNT FUNDED:** 2011 AMOUNT REQUESTED:

\$ _____ \$ _____

3. **ORGANIZATION TYPE:**

- Government Entity
- Not-for-profit Corporation
- Medical and Health Care Services Provider
- Tax Exempt Organization (IRC 501 (a) only)

4. **NUMBER OF YEARS AGENCY HAS PROVIDED VICTIM SERVICES:**

5. **COUNTIES SERVED:**

6. **LEGISLATIVE DISTRICTS:**

U.S. House of Representatives: # _____

State House: # _____

State Senate: # _____

7. **IMPORTANT NOTICE:**

This state office is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 725 ILCS 240/ et seq. FAILURE TO PROVIDE ALL OF THE REQUESTED INFORMATION MAY PREVENT THIS APPLICATION FROM BEING PROCESSED.

8. **APPLICANT CERTIFICATION:**

To the best of my knowledge, the data and statements in this application are true and correct and the application complies with all format requirements. The applicant agrees to comply with all state/federal statutes and rules/regulations applicable to the program.

AUTHORIZED OFFICIAL:

Typed Name

Title

Signature

Date

APPLICATION REQUIREMENTS:

SUBMISSION:

The Original and One Complete Copy of the entire application packet MUST be received at the address below by 5:00 pm on February 5, 2010. **Late applications will not be considered. Applications that do not comply with page limitations, font requirements, spacing and margins will be returned.**

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM
100 WEST RANDOLPH, 13TH FLOOR
CHICAGO, ILLINOIS 60601
ATTENTION: RYAN WASHABAUGH**

NARRATIVE SECTIONS:

All narratives and attachments MUST be included in the order listed below. All narratives and attachments must be completed in the page limitations indicated in 12 pt font, double-spaced with 1 inch margins at top, bottom and on both sides of the page, with the exception of the Funded Program Goals chart and the Budget pages which may be done in a smaller font, but no less than 8 font.

REQUESTED CHARTS AND BUDGET PAGES:

All pages must be completed as directed.

APPLICATION ORDER:

1. Application Cover Sheets
2. Requirements page
3. Agency History and Purpose (1 page)
4. Program Description (2 pages)
5. Funded Program Goals (1 page)
6. Clients Served (1 page)
7. Community Needs and Responses (2 pages)
8. Staff (1 page, 2 if necessary)
9. Volunteers (1 page)
10. Budget Summary
11. Budget Worksheets

ATTACHMENTS ORDER:

- A. Three (3) **ORIGINAL** letters of support for the program for which funding is sought. Letters must be dated within six months of application date and should be original from the submitting agency.
- B. Job descriptions for positions for which funding is requested. Do not include resumes.
- C. List of current Governing Board for not-for-profits and governmental entities.
- D. Copy of any fee schedule used.
- E. Not-for profits must submit 1 copy only of most recently completed audit; or a financial statement for agencies with budgets under \$4,000.00 or in operation less than a year.

QUESTIONS:

Please direct all questions to:

Cynthia Hora
Chief, Crime Victim Services Division
800-228-3368
chora@atg.state.il.us

**ONE ORIGINAL AND ONE COMPLETE COPY
APPLICATION DUE DATE
FEBRUARY 5, 2010**

AGENCY REQUIREMENTS:

The agency applying for funding certifies that they have developed and implemented the following requirements (please check). Target dates must be included for those which are yet to be developed. **If a requirement does not apply to your agency, please indicate why it does not.** Copies must be available for inspection.

- _____ Reasonable accommodation policy for persons with disabilities. (Compliance with ADA requirements.)
- _____ Written policies for a drug free workplace.
- _____ Written policies for non discrimination.
- _____ Written procedures for client intake. N/A _____
- _____ Written policies for client rights. N/A _____
- _____ Written policies for volunteer training. N/A _____
- _____ Written personnel policies and procedures.
- _____ Rules to govern conflict of interest situations.
- _____ Fee schedule with detailed charges for specific victim services. N/A _____

Comments: _____

Signature _____

Title _____ **Date** _____

AGENCY EVALUATION:

Please list all programmatic evaluations conducted by any outside entities or other funding sources during the past fiscal year. Be sure to indicate date conducted.

- | Date | Entity/Funding Source |
|----------|-----------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

NARRATIVE INSTRUCTIONS:

- A. **AGENCY HISTORY AND PURPOSE:** Summarize your agency's history and purpose including the program for which funding is sought. Please include any new initiatives in the past year. **No more than 1 page.**
- B. **PROGRAM DESCRIPTION:** (1) Provide a detailed description of the victim/witness program for which funding is sought. (2) Indicate your geographic service area and any programmatic service limitations/restrictions. (3) Include a description of the direct services provided by the program. (4) Underline those services to be provided by the positions which funding is sought. If available, include results of any needs assessment surveys conducted to support development or expansion of this program. **No more than 2 pages.**
- C. **PROGRAM GOALS:** Complete the attached page.
- D. **CLIENTS SERVED:** Define the victim service population of the program for which funding is sought. (eg. Persons to whom services will be provided?) Indicate any specific services provided to underserved populations. Specify any and all services provided to witnesses and significant others. Explain any age, income or geographic limitations for clients served. **No more than 1 page.**
- E. **COMMUNITY NEEDS AND RESPONSES:** Describe the community support for and involvement with your program. Describe functioning work relationships with other service providers within the community. List any memberships in multidisciplinary organizations/coalitions. Indicate participation in any record/data exchange systems. List the agencies with whom you have current networking agreements/MOUs. New or developing programs should describe their memorandum of intent for proposed network of working relationships, including target dates for implementation. **No more than 2 pages.**
- F. **STAFF:** Complete the attached page.
- G. **VOLUNTEERS:** Complete the attached page.
- H. **BUDGET WORKSHEETS:** Complete attached worksheet. The proposed budget should include each item for which funding is requested. All sections of the worksheet must be completed. Budget totals must match amount requested and narrative totals. Complete narratives detailing each requested line item and reflecting how those grant funds will be used to accomplish the goals and objectives of the proposal on each worksheet. Please note: **the budget narrative is included at the bottom of the budget worksheets and must be completed for each requested item.** Please do not attach a separate budget narrative page.

FUNDED PROGRAM GOALS

Using the chart below, list three goals for the year for the program for which funding is sought, the objectives for each goal, and the activities to accomplish the objective. REMEMBER: the objectives should be verifiable. Please include measurable indicators such as “Increase support group attendance by 20%.”

GOAL	OBJECTIVE	ACTIVITIES

STAFF

NOTE: A copy of a current, appropriate job description MUST accompany the application.

- A) Total number of **Agency** Staff: _____
- B) Number of paid employees: Full-time _____
Part-time _____
- C) Number of Program Staff: _____

List all program staff by name and title. Indicate whether they are full or part time and whether they are existing or to be added.

List program staff by name and title for which grant funds are requested.

- D) Describe training provided to staff for which funding is requested.
- E) List at least one personal goal for each funded staff person for the next year.

VOLUNTEERS

- A) Total number of **Agency** Volunteers: _____
Full-time _____
Part-time _____

B) List the job functions performed by volunteers participating in the operation of the program for which funding is sought.

C) Describe the type of training provided to volunteers who work directly with clients.

SPECIFIC FUNDING REQUEST/BUDGET WORKSHEETS

INSTRUCTIONS

Complete the Grant Application Budget Summary on the following page.

The Budget Worksheet is in Excel spreadsheet format and must be completed in its entirety. When opening the budget worksheet, please take note of the five tabs toward the bottom of the screen: Program Income, Overview, Personnel, Operating Expenses, Travel-Training. Complete the budget worksheet located in each of these tabs and include each page with your application. There is a Budget Narrative section located under the Personnel, Operating Expenses and Travel-Training tabs. This must be completed for any funding request. For the budget narrative under each of those tabs, detail each budget item requested in narrative form. Include the following information for each category and indicate how those grant funds will be used to accomplish the goals and objectives of the proposal.

PERSONNEL:

Job Title - Identify the personnel to be funded by the grant.

Salary Rate and Time - Enter the total salary of the position and the amount requested from grant funds. Indicate the total number of hours worked per week and how many hours are devoted to direct services funded activities. If the person also performs another job function funded by another source, please detail the title, number of hours worked and the source of other funds.

Benefits - Detail each fringe benefit to be charged to the grant.

OPERATING EXPENSES: Detail requested expenses including contractual services.

SUPPLIES: Identify all supplies to be purchased by type and amount.

TRAVEL: List travel costs for clients and staff and indicate the reason for travel.

PRINTING: Itemize all printing costs and include quantities to be produced.

TRAINING: Indicate purpose of the training, personnel to attend and anticipated outcomes.

OTHER: Any other requested costs not included in the above sections. Detail clearly.

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
 VIOLENT CRIME VICTIM ASSISTANCE PROGRAM**

Grant Application Budget Summary

VCVA FY 2011

	Current Funding	Requested Funding
PERSONNEL:		
SALARIES		
1 ST STAFF	_____	_____
2 ND STAFF	_____	_____
3 RD STAFF	_____	_____
BENEFITS		
1 ST	_____	_____
2 ND	_____	_____
3 RD	_____	_____
CONTRACTUAL PERSONNEL	_____	_____
PROFESSIONAL INSURANCE	_____	_____
OTHER	_____	_____
TOTAL PERSONNEL	\$ _____	\$ _____
OPERATING EXPENSES:		
CONTRACTUAL SERVICES	_____	_____
SUPPLIES	_____	_____
PRINTING	_____	_____
OTHER	_____	_____
TOTAL OPERATING EXPENSES	\$ _____	\$ _____
TRAVEL:		
PROGRAM STAFF	_____	_____
CLIENT TRANSPORTATION	_____	_____
OTHER (SPECIFY)	_____	_____
TOTAL TRAVEL	\$ _____	\$ _____
TRAININGS – ATTENDANCE:		
TRAVEL	_____	_____
PER DIEM	_____	_____
LODGING	_____	_____
REGISTRATION	_____	_____
OTHER (SPECIFY)	_____	_____
TOTAL TRAINING - ATTENDANCE	\$ _____	\$ _____
TRAININGS – HOSTING		
FACILITIES	_____	_____
SPEAKER FEES	_____	_____
SUPPLIES	_____	_____
MATERIAL	_____	_____
OTHER (SPECIFY)	_____	_____
TOTAL TRAINING - HOSTING	\$ _____	\$ _____
OTHER:		
	_____	_____
	_____	_____
TOTAL OTHER EXPENSES	\$ _____	\$ _____
TOTAL GRANT BUDGET	\$ _____	\$ _____