

**FY2013
Violent Crime Victims Assistance
Grant Program Application Kit**

**Application Deadline:
February 3, 2012
5:00 p.m.**

Office of the Illinois Attorney General
VCVA Program
100 W. Randolph, 13th Floor
Chicago, IL 60601

APPLICATION REQUIREMENTS: This application has changed. Please review this document carefully before submission. New Administrative Rules regarding the VCVA program were approved and are effective beginning November 4, 2011. Please use the link below and review these rules for changes relevant to your agency.
<http://www.ilga.gov/commission/jcar/admincode/089/08901100sections.html>

SUBMISSION:

Vj g'Otki kpcnckpf 'w q'4+'eqo r rvg'eqr kgu'cmly kj 'ht ki kpcnckki pcwt gu+'hivj g'gpvt g cr rdecvkpp'r cengvO WUV'dg't geglxgf 'before 5:00 p.m. on February 3, 2012. New applications o c{ 'pqv'dg'eqpuf gt gf 0Cr r decvkpu'that do not comply with page do kcvkpu . 'hqv't gs wk go gpvu 'tr celpi 'cpf 'margin requirements or are incomplete may not be considered.

Submit all application copies and supporting documents to:

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM
100 WEST RANDOLPH, 13TH FLOOR
CHICAGO, ILLINOIS 60601
ATTN: Kathy Carroll**

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 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 Sheet
2. Agency Requirements page
3. Agency History and Purpose (1 page)
4. Program Description (2 pages)
5. Clients Served"(1 page)
6. Community Needs and Responses (1 page)
7. Program Goals and Objective (3 pages)
8. Data Elements (1 page)
9. Progress Summary (2 pages)
10. FY12 VCVA Budget Page (1 page, if applicable)
11. Complete List of all Funding Sources

12. Budget Summary
13. Budget Worksheets

ATTACHMENTS ORDER:

Board of Directors
Letters of Support
Job Descriptions
Fee Schedule (if applicable)
Audit (ONE copy only, not-for-profits only)

Attachment Descriptions:

- A. List of current Governing Board for not-for-profits and governmental entities.
- B. Three (3) **distinctly worded**, letters of support for the program for which funding is sought. Letters must be dated within six months of application date and must be the original from the submitting agency. Letters must be attached to the application. Letters received at the Attorney General's office independent of the application will not be kept or filed with the application.
- C. Job descriptions for positions for which funding is requested. Do not include resumes.
- D. Copy of any fee schedule used. "*****
GONot-for profits must submit 1 copy only"of the most recent completed audit. Agencies with a total budget of under \$300,000, or who have been in operation less than a year at the time of filing a grant application, may request an exemption to the audit requirement, but must submit a financial statement detailing revenue sources and expenses.

QUESTIONS:

Please direct all questions to:
Kathy Carroll
Director, VCVA/AVN
312-814-3683
Kcarroll@atg.state.il.us

**ORIGINAL AND TWO COMPLETE COPIES
APPLICATION DUE DATE
FEBRUARY 3, 2012**

APPLICATION COVER SHEET

**OFFICE OF THE ATTORNEY GENERAL
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM
FY13 GRANT APPLICATION**

APPLICANT ORGANIZATION: _____

1. AGENCY NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

TELEPHONE: _____

FAX #: _____

E-MAIL: _____

FEIN #: _____

CHARITABLE TRUST #: _____

NAME OF CHIEF EXECUTIVE OFFICER/EXECUTIVE DIRECTOR/STATE'S
ATTORNEY: _____
(Type name)

NAME OF CHIEF FINANCIAL OFFICER: _____
(Type name)

GRANT CONTACT PERSON: _____
(Type name)

PHONE # _____

E-MAIL: _____

2. FY12 AMOUNT FUNDED: \$ _____

FY13 AMOUNT REQUESTED: \$ _____

FY12 VCVA GRANT NUMBER (if applicable): _____

3. **ORGANIZATION TYPE:**

_____ Government Entity
_____ Not-for-profit Corporation

DESCRIBE YOUR SERVICE AREA:

Urban_____ Suburban_____ Rural_____

NUMBER OF YEARS AGENCY HAS PROVIDED VICTIM SERVICES:

5. **COUNTIES SERVED:**

6. **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.

7. **APPLICANT CERTIFICATION:**

To the best of my knowledge, the date 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

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.

_____ Written policies for client rights.

_____ Written policies for volunteer training.

_____ Written personnel policies and procedures.

_____ Rules to govern conflict of interest situations.

_____ Fee schedule with detailed charges for specific victim services.

Comments: _____

Signature: _____

Title

Date

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 ONE (1) page, including this page.** Do **not** delete these directions.

PROGRAM DESCRIPTION

Provide a detailed description of the victim/witness program for which funding is sought. Describe your geographic service area and any programmatic service limitations/restrictions. Include a description of the direct services provided by the program. **No more than TWO (2) pages including this page.** Do **not** delete these directions.

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 services specifically directed 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 ONE (1) page, including this page.** Do **not** delete these directions.

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 which 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 ONE (1) page, including this page.** Do not delete these directions.

FUNDED PROGRAM GOALS

- The goals, objectives, performance measures, and activities of a grant proposal are inherently related.
- *Goals* are broad, general statements of a desired result or outcome of the program.
- *Objectives* are specific results or effects of a program's activities that must be achieved to reach the goals. Objectives must include *performance measures* that are *specific and measurable*. The performance measures identify quantifiable data that determine whether the goals and objectives were met.
- *Activities* are the specific steps taken to meet the objectives.
- **Use the following outline format in this section:**
 - I. Goal(s)**
 - A. Objectives/Performance Measures**
 - 1. Activities**

Each program must submit at least two (2) Goals with three (3) objectives for each Goal. NO MORE THAN THREE (3) PAGES, including this page.
Do **not** delete these directions.

DATA ELEMENTS

To report a program's achievements, each program must collect data. Please list the number of victims served by the program from July 1, 2010, through June 30, 2011. **DO NOT** include non-offending significant others or witnesses.

No more than ONE (1) page, including this page. Do not delete these directions.

Crime	Number of Victims Served
Assault	
Battery	
Child Abuse	
Child Neglect	
Child Sexual Assault	
Criminal Neglect of the Elderly	
Domestic Violence	
Elder Abuse	
Hate/Bias Crime	
Homicide Survivor	
Sexual Assault/Abuse (Adult)	
Stalking	
Other (specify)	

CONTINUING PROGRAMS ONLY - PROGRESS SUMMARY

For programs requesting continuing funding, report the progress that has been achieved with the goals and objectives in the current grant award. Please list the Goals and Objectives from the FY12 application and describe the progress for each one.

No more than TWO (2) pages, including this page. Do not delete these directions.

CONTINUING PROGRAMS ONLY – FY12 BUDGET PAGE

If you received a VCVA grant in FY12, please include the Budget page from your Grant Agreement behind this page.

Funding Sources for Victim Service Programs

(Include all funding for victim service programs within the organization. Do not include this funding request. The figures shown below are for the period of July 1, 2010, to June 31, 2011.)

FUNDING SOURCE	AMOUNT	COMMENTS*
Local Funding	\$	
Private Funding/Contributions	\$	
U.S. Department of Justice (VAWA or other)	\$	
United Way	\$	
State Appropriations <i>(do not include VCVA funding)</i>	\$	
Department of Mental Health	\$	
Dept. of Children and Family Services	\$	
Department of Human Services - Federal and State	\$	
Department of Health - Federal and State	\$	
Dues, Program Fees, Misc.	\$	
VOCA Funding	\$	
ICJIA		
State Coalition		
Other:	\$	
	\$	
TOTAL	\$	

*Please indicate in the “comments” column the number of Full Time Equivalent positions that each grant funds.

BUDGET WORKSHEETS

Instructions: 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.

OVERALL BUDGET SUMMARY

CATEGORY	VCVA FUNDS REQUESTED	OTHER FUNDING FOR THIS PROGRAM	TOTAL PROGRAM COST
A. Personnel			
B. Personnel Benefits			
C. Contractual			
D. Supplies			
E. Printing			
F. Other			
F. Travel			
G. Training			
TOTAL			

PERSONNEL

Instructions: For each requested position, list the job title. List the **total** annual salary* and **total** benefits for this position. List the **total** number of hours this position works in a regular workweek. Determine the number of hours the position will dedicate to VCVA work. List the amount of salary and benefits requested from VCVA funds. List the total request of VCVA funds for this position.

Job Title	Total Annual Salary	Benefits	Total # Hours / Week	% Time on VCVA Service	VCVA Salary Amount Requested	VCVA Benefits Amount Requested	Total VCVA Request
TOTAL PERSONNEL BUDGET							

***Total annual salary:** This is the total amount the employee receives from all sources, including other grants, county funds, general agency funds, etc.

Personnel Budget Narrative:

OPERATING EXPENSES

Instructions: List any contractual services requested. Identify all supplies to be purchased by type and amount. Itemize all printing costs and include quantities to be produced. List details of any other requested funds not covered by previous categories. This must be specific.

Contractual Services			
Type (Specify)	Total Amount		VCVA Amount

	Contractual Services Subtotal	
--	--------------------------------------	--

Supplies			
Type (Specify)	Cost/Month	# of months	VCVA Amount

	Supplies Subtotal	
--	--------------------------	--

Printing Expenses			
Type (Specify)	Total Cost		VCVA Amount

	Printing Subtotal	
--	--------------------------	--

Other Operating Expenses			
Type (Specify)	Total Cost		VCVA Amount

	Other Subtotal	
--	-----------------------	--

	Total Operating Expenses	
--	---------------------------------	--

Operating Expense Budget Narrative:

TRAVEL AND TRAINING

Instructions: List travel costs for clients and staff and indicate the reason for travel. Indicate the purpose of the training, personnel to attend and anticipated outcomes.

Travel				
	Type	Cost/Month	# of Months	VCVA Amount Requested
Program Staff				
Client				
Transportation				
Other (Specify)				
			Travel Subtotal	
Trainings - Attendance				
	Total Cost	# of people	# of days	VCVA Amount Requested
Travel				
Per Diem				
Lodging				
Registration				
Other (Specify)				
			Subtotal Training - Attendance	
Trainings - Hosting				
	Total Cost	# of people	# of days	VCVA Amount Requested
Facilities				
Speaker Fees				
Supplies				
Materials				
Other (Specify)				
			Subtotal Training - Hosting	
			Total Travel-Training Expenses	

Travel Narrative:

PROMPT PAGE

Attach a list of the
Board of Directors

***DO NOT ENCLOSE THIS
PAGE WITH YOUR GRANT APPLICATION***

PROMPT PAGE

Attach three (3) original,
current and distinctly worded
letters of support

***DO NOT ENCLOSE THIS
PAGE WITH YOUR GRANT APPLICATION***

PROMPT PAGE

Attach a Job Description for
each position for which
funding is requested.

***DO NOT ENCLOSE THIS
PAGE WITH YOUR GRANT APPLICATION***

PROMPT PAGE

Attach your most recent
Audit, if required.

***DO NOT ENCLOSE THIS
PAGE WITH YOUR GRANT APPLICATION***

Reminder Checklist:

- 1) Are you submitting your application before the February 3, 2012, deadline?
- 2) Do you have the correct number of copies? (1 original, two copies)
- 3) Are there two signatures of the Chief Executive on the application?
- 4) Is the FEIN correct?
- 5) Is the Charitable Trust number correct?
- 6) Are the goals achievable and measurable?
- 7) Do all the budget numbers add up correctly?
- 8) Is there a list of the Board of Directors attached?
- 9) Are there three (3) original letters of support attached?
- 10) Are the job descriptions attached?
- 11) If required, did you submit your most recent audit?