

**Office of the Attorney General  
LISA MADIGAN  
Violent Crime Victims Assistance Program**

**FY2007 SPECIAL PROJECT APPLICATION  
ELIGIBILITY CRITERIA**

**Background**

Before applying for funding under the Illinois Violent Crime Victims Act, 725 ILCS 240 (2002), please read the following material carefully to ascertain your program's eligibility.

In 1984, the Illinois General Assembly found that when crime strikes, the criminal justice system focuses on the apprehension, prosecution and management of the criminal, frequently neglecting or further victimizing the victim or witness. Nevertheless, the single most important determinant of whether a case is resolved is the information and assistance provided by the victim or witness.

It was, therefore, the intent of the General Assembly to provide ways of improving the treatment of victims and witnesses with the criminal justice system and to promote faster and more complete recovery from the effects of crime through the establishment of victim and witness assistance centers.

Effective January 1, 1984, the Violent Crime Victims Assistance Act was enacted to help fund the development of a comprehensive system of victim and witness assistance. The Violent Crime Victims Assistance Fund was designated as a special fund in the State Treasury to provide monies for grants to be awarded from fines and fees collected after January 1, 1984, from people convicted in Illinois of a crime of violence, felony or misdemeanor, and for certain offenses listed in the Illinois Vehicle Code.

The Illinois Attorney General has been charged with the responsibility of administering the program, including the responsibility of selecting qualified applicants to receive funding to receive funding for the establishment and operation of victim and witness assistance centers.

**Eligibility Criteria**

Any public or private non-profit agency may apply to the Attorney General for selection and funding as a victim and witness assistance center under this Act. "Agency" means any federal, state, local, or private entity which provides, operates, or coordinates victim and witness assistance programs.

To be eligible for funding, each applicant agency shall provide one or more of the following services for victims or witnesses of violent crime:

1. Coordinate volunteers to work with criminal justice agencies to provide direct victim services and/or to establish community support;
2. Provide assistance to victims of violent crime and their families in obtaining assistance through other official or community resources;
3. Provide elderly victims of crime with services appropriate to their special needs;
4. Provide transportation and/or household assistance to those victims participating in the criminal justice process;
5. Provide victims of domestic and sexual violence with services appropriate to their special needs;

6. Provide courthouse reception and guidance, including explanation of unfamiliar procedures and bilingual information;
7. Provide in-person or telephone hot-line assistance to victims;
8. Provide special counseling facilities and rehabilitation services to victims;
9. Provide public education on crime and crime victims;
10. Provide training and sensitization for persons who work with victims of crime;
11. Provide special counseling facilities and rehabilitation services for child victims of sex offenses; and
12. Provide other services as the Violent Crime Victim Assistance Advisory Commission shall deem appropriate to further the purposes of this Act.

**Special Projects Funding requires applicants to meet the requirements outlined above. Special Projects may be in addition or separate from “regular” VCVA funding. Special Projects:**

- **Identify specified goals that can be accomplished during the grant period;**
- **Occur within a single fiscal year;**
- **Result in grant agreements tailored to reflect the nature and time frame of each project and**
- **Require a final report upon completion of the project.**

#### **Goals of Services**

All services and practices of agency applying for funding as a victim and witness assistance center shall further or seek to implement the following goals:

1. Assist the criminal justice agencies in giving more consideration and personal attention to victims and witnesses of violent crime;
2. Sensitize law enforcement officials and others who come into contact with crime victims and witnesses;
3. Attempt to decrease the incidence of unreported crimes;
4. Assure that victims and witnesses are informed of the progress of the cases in which they are involved; and
5. Encourage public use of the services made available under this Act.

#### **Restrictions**

Applications will not be considered for the funding for any of the following purposes:

1. Debt retirement;
2. Capital/building campaigns;
3. Scholarships;
4. Research projects;
5. Individual service providers; and
6. Non-Illinois based programs.

#### **Application Process**

Application package must be completed in their entirety.

Joint applications between two or more agencies are welcome. However, the funding of a joint application must result in the disbursement of grant funds to one of the joint applicants. If grant funds are requested to be disbursed to more than one agency, separate applications must be submitted.

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FY2007 Special Project Application Instructions**

**Examples of Special Projects include:**

- Projects expanding or enhancing services to victims seeking Orders of Protections.
- Projects encouraging or enhancing evidenced-based prosecutions in domestic violence cases.
- Collaborative efforts to expand Sexual Assault Nurse Examiner and Sexual Assault Response Teams.
- Collaborative efforts designed to enhance services to older victims of crime.
- Projects encouraging the development and building the capacity of police-based victim assistance.
- Educational opportunities focused on working with victims with disabilities.
- Translation of materials into another language for distribution to a target population.

**Narrative Instructions:**

- A. **PROJECT DESCRIPTION:** Provide a detailed description of the Special Project for which funding is sought. Be sure to indicate the population to be served by the project, the geographic service area and the issue area to be addressed by the project. (1 page)
- B. **PROJECT NEED:** Describe the need for this project. Include indicators of community support for the project and any partner agencies. Describe the anticipated outcomes of the project. (1 page)
- C. **PROJECT GOALS & ACTIVITIES:** Create a time line detailing specific activities that will be carried out to accomplish this project. Indicate the person(s) responsible for each task. (1 page)  
Example:  
Project Goals:
1. Develop brochure for subject A
  2. Create workshop on subject A to target audience
  3. Offer resources and referrals to interested parties within target audience

TIMELINE	ACTIVITIES	ASSIGNED STAFF
MONTH 1	Create draft of brochure Send brochures to printer  Conduct outreach to target audience Schedule workshop dates	Project Coordinator Executive Director  Project Coordinator
MONTH 2	Confirm speakers for workshop Create workshop materials	Project Coordinator

Special Project funding request must be utilized within the fiscal year in which it was awarded. Please reflect this in your timeline.

- D. **STAFF:** Complete the attached page. Describe both agency staff and the staff assigned to the project for which funding is requested.
- E. **SPECIFIC FUNDING REQUEST/BUDGET NARRATIVE:** Complete the attached page and attach a budget narrative that addresses every requested cost of the project. (2 pages including the attached page)

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**SPECIAL PROJECT APPLICATION COVER SHEET**

**APPLICANT ORGANIZATION:**

1. NAME: \_\_\_\_\_  
\_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
WEB SITE: \_\_\_\_\_  
FEIN #: \_\_\_\_\_  
CHARITABLE TRUST #: \_\_\_\_\_  
\_\_\_\_\_  
CHIEF EXECUTIVE OFFICER/EXECUTIVE DIRECTOR  
\_\_\_\_\_  
CHIEF FINANCIAL OFFICER  
PHONE # \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
PHONE # \_\_\_\_\_

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

2. **AMOUNT REQUESTED:**

\$ \_\_\_\_\_

**TOTAL PROJECT BUDGET:**

\$ \_\_\_\_\_

3. **ORGANIZATION TYPE:**

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

4. **POPULATION TO BE SERVED:**

\_\_\_\_\_

5. **LEGISLATIVE DISTRICTS:**

U.S. House of Representatives: \_\_\_\_\_

State House: \_\_\_\_\_

State Senate: \_\_\_\_\_

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 WILL PREVENT THIS APPLICATION FROM BEING PROCESSED.**

7. **APPLICANT CERTIFICATION:**

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

**AUTHORIZED OFFICIAL:**

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**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. 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICATION REQUIREMENTS:**

**SUBMISSION:**

The original and one complete copy of the entire application packet MUST be submitted to:

**ELIZABETH SCHOLZ  
DIRECTOR, VCVA & AVN  
OFFICE OF THE ILLINOIS ATTORNEY GENERAL  
628 MAINE STREET  
QUINCY, ILLINOIS 62301**

**NARRATIVE SECTIONS:**

All narratives and attachments MUST be included in the order listed below, must be completed in the page limitations indicated, and must be double spaced with 1 inch margins. **Additional pages will not be reviewed.**

**REQUESTED CHARTS AND BUDGET PAGES:**

All pages must be completed as directed.

**APPLICATION ORDER:**

1. Application Cover Sheet
2. Requirements page \*\*
3. Project Description (1 page)
4. Project Needs (1 page)
5. Project Goals (1 page)
6. Project Activities (1 page)
7. Specific Funding Request/Budget Worksheets

**ATTACHMENTS ORDER:**

- A. (3) Letters of support for the project for which funding is sought from agencies and organizations with which you will collaborate to accomplish this special project.
- B. List of current Governing Board for not-for-profits and governmental entities. \*\*
- C. 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. \*\*
- D. Job descriptions for positions for which funding is requested. Do not include resumes.

\*\* Agencies that applied for FY 07 VCVA funds may omit attachments A, B, and C.

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**STAFF**

- A) Total number of **Agency** Staff: \_\_\_\_\_
- B) List staff working on project by name and title.  
Please underline staff for which you are seeking funds to supplement salary.
- C. Number of anticipated contractual staff needed for the project: \_\_\_\_\_  
List by name (if possible) or function for the project. ( ie. Elder Abuse Speaker)

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**SPECIFIC FUNDING REQUEST/BUDGET NARRATIVE**

**INSTRUCTIONS**

**Specific Budget Request**

List each requested cost on the following page. If no costs are requested in a section, write “not applicable” in that section. Please check calculations in each budget category and total amount for accuracy.

**PERSONNEL:**

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

Salary Rate and Time - Enter the salary requested for each staff member and the amount of time to be devoted to the project.

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

**OPERATING EXPENSES:** Detail expenses for the project including contractual services.

**SUPPLIES:** Identify all supplies to be purchased for the project by type, amount and cost.

**TRAVEL:** List travel costs for project personnel and clients including per diem.  
Identify staff by title for which travel costs are requested.

**PRINTING:** Itemize all printing costs and include amounts to be printed.

**TRAINING:** Include all facility related costs in this section.

**OTHER:** Other project costs not included in the above sections.

**Budget Narrative**

Detail each budget item in the above categories in narrative form, relating each item to the project funding is requested for. Please include all other funding received or sought for Project.

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**SPECIAL PROJECT FUNDING REQUEST**

	VCVA REQUEST	OTHER FUNDING SOURCE	OTHER FUNDING SOURCE
<b>PERSONNEL:</b>			
SALARY	_____	_____	_____
SALARY	_____	_____	_____
BENEFITS	_____	_____	_____
BENEFITS	_____	_____	_____
CONTRACT EMPLOYMENT	_____	_____	_____
PROFESSIONAL INSURANCE	_____	_____	_____
TOTAL PERSONNEL	_____	_____	_____
<b>OPERATING EXPENSES:</b>			
CONTRACTUAL SERVICES	_____	_____	_____
OCCUPANCY	_____	_____	_____
POSTAGE	_____	_____	_____
COPIES/DUPLICATING	_____	_____	_____
PROGRAM ADVERTISING	_____	_____	_____
EQUIPMENT RENTAL/LEASE	_____	_____	_____
OTHER	_____	_____	_____
TOTAL OPERATING EXPENSES	_____	_____	_____
<b>SUPPLIES:</b>			
OFFICE	_____	_____	_____
PROJECT	_____	_____	_____
TOTAL SUPPLIES	_____	_____	_____
<b>PRINTING:</b>			
BROCHURES/PAMPHLETS	_____	_____	_____
OTHER	_____	_____	_____
TOTAL PRINTING	_____	_____	_____
<b>TRAVEL:</b>			
STAFF	_____	_____	_____
CLIENT	_____	_____	_____
TOTAL TRAVEL	_____	_____	_____
<b>TRAINING:</b>			
CONFERENCE REGISTRATIONS	_____	_____	_____
FACILITY COSTS	_____	_____	_____
SUPPLIES	_____	_____	_____
TRAVEL	_____	_____	_____
TOTAL TRAINING	_____	_____	_____
<b>OTHER:</b>			
	_____	_____	_____
	_____	_____	_____
TOTAL OTHER EXPENSES	_____	_____	_____
<b>TOTAL PROJECT BUDGET</b>	=====	=====	=====