

The background of the slide is a complex network of interconnected nodes and lines. The nodes are represented by small circles in various shades of blue, grey, and yellow. The lines connecting them are thin and dark, creating a web-like structure that fills the entire frame. The overall color palette transitions from a deep blue on the left to a lighter, almost white, on the right.

VCVA New Grantee Orientation

Violent Crime Victims Assistance (VCVA)

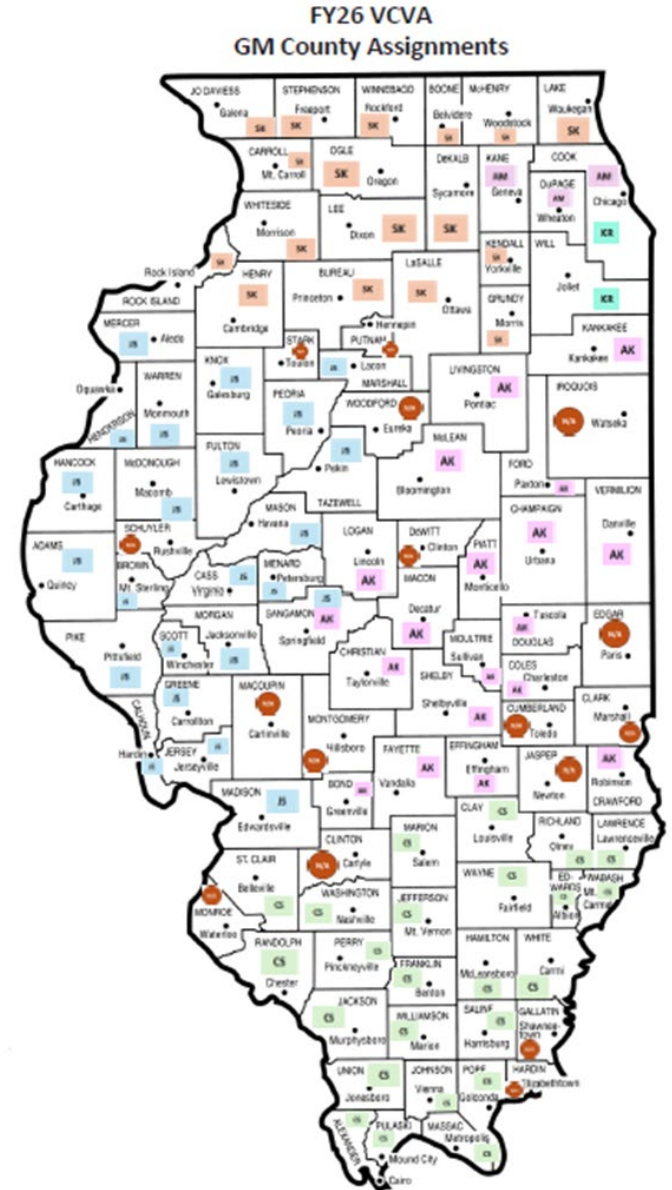
Mission Statement

The Violent Crime Victim Assistance (VCVA) Bureau is dedicated to the following:

- Developing and improving activities and services that promote the recognition of rights, needs, and interests of crime victims in Illinois*
- Providing victims access to programs that supply needed information, assistance, and advocacy*
- Educating the public about victim services; and ensuring that grantee agencies provide quality services*

FY26 VCVA Grant Program

*Awarded 284 grants to organizations
and governmental entities working
with victims of violent crimes*



Supporting Victims of Crime



Safer Communities

<https://illinoisattorneygeneral.gov/safer-communities/supporting-victims-of-crime/>

Webpage Highlights

OAG Survivor Resources

Statewide Victim Assistance Program

VINE Notification System (vinelink.com)

Crime Victim Hotline 1.800.228.3368

Address Confidentiality Program

Crime Victim Compensation Program

Domestic Violence Prevention Resources

Training and Outreach Opportunities

Multi-language Brochures

Newsletters

Webpage Highlights

VCVA Program Resources

Program Brochure

FY26 Grant Awardees

Illinois Comptroller Payment Search Instructions

VCVA Grant Administrative Code

<https://www.illinoisattorneygeneral.gov/safer-communities/supporting-victims-of-crime/violent-crime-vcva/>

Webpage Highlights

VCVA Reporting Forms

Personnel Time Report

Non-Personnel Grant Expense Details

Grant Funded Personnel Vacancy Form

Grant Funded Personnel Change Form

Budget Amendment Request Guidance

Authorization to Sign or Change of Address

Change in CEO

Purpose and Goals of Reporting

Why does quarterly reporting matter?

- Statutory requirement*
- Grantee accountability*
- A mistake today could result in a victim of violent crime missing critical services tomorrow*

What do Grant Monitors look for in your report submissions?

- Adherence to quarterly reporting deadlines*
- Accurate data entry of expenses and performance achievements*
- Completed forms and supporting documentation are uploaded*

Reporting Forms - Guidance

Grant-Funded Personnel Time Report

Complete a report for each agency employee

- *All fields must be complete and accurate*
- *Not for contract employees*

Two (2) signatures are required:

- *Employee signs the top portion*
- *Supervisor signs the bottom portion*
- *Signatures cannot be the same person*
- *Digital signatures are allowed*

Q1 Reporting Requirement: Include a resume and job description

Attach to your AmpliFund quarterly Expense Report

FY26 VCVA & DV Grant Programs Grant-Funded Employee Time Report (Agency Employees Only)

Grant Number _____

Reporting Quarter (MM/DD/YY to MM/DD/YY) _____

Grant-Funded Position (as listed on your approved grant Budget) _____

Grant-Funded Employee's First & Last Name _____

The Employee's status with your Agency is ____ Full-Time ____ Part-Time

Total Number of Hours the Employee worked for your Agency in this Reporting Quarter _____

Total Number of Paid Time Off (PTO) hours the Employee used during Reporting Quarter _____

The information provided above is correct.

Grant-funded Employee's Signature _____ Date _____
(Digital signature is allowable)

Percentage (%) of the Employee's annual salary allocated to the 2025-26 grant program ____%.

Q1 Reporting ONLY - Required attachments to the Q1 Personnel Time Report: (1) Employee's resume AND (2) Agency's job description for the grant-funded position.

Grant-Funded Employee Vacancy Reporting

- If the grant-funded position was **vacant** at any time during the Reporting Quarter, you must attach a **FY26 Grant-Funded Employee Vacancy form**
- If the grant-funded position was filled by another Agency employee during the Reporting Quarter, you must also include (1) **FY26 Grant-Funded Employee Change form** AND (2) the **Employee's resume**

All information provided above for the Reporting Quarter is correct. If applicable, all required document(s) are attached.

Employee's Supervisor/Manager Printed Name _____

Employee's Supervisor/Manager Signature _____ Date _____
(Digital signature is allowable)

Reporting Forms - Guidance

Grant-Funded Personnel Vacancy

*Complete for vacancies lasting longer than
1 week*

Digital signature is allowed

*Attach to your AmpliFund quarterly
Expense Report*

FY26
VCVA & DV Grant Programs
Grant-Funded Employee Vacancy
(Agency Employees Only)

Along with the Quarterly Employee Time Report, complete/attach this document for any Agency Grant-Funded Employee **vacancy** that occurred during the quarter.

OF NOTE: If the grant-funded position has been vacant since July 1, 2025, type "N/A" in the Employee Name blank below.

Grant Number _____

Grant-Funded Position (as listed on your **approved grant Budget**) _____

Former Grant-Funded Employee – First & Last Name _____

Last Working Day on the Grant (MM/DD/YY) _____

This Grant-Funded Employee vacancy is ____ Permanent ____ Temporary

The information provided above is correct.

Director/Manager **Printed Name** _____

Director/Manager **Signature** _____
(Digital signature is allowable)

UP070125

Reporting Forms - Guidance

Grant-Funded Personnel Change

Complete for any change to the employee in the grant-funded position (new hires, lateral moves, etc.)

Include the employee's resume

Digital signature is allowed

Attach to the applicable AmpliFund quarterly Expense Report

FY26
VCVA & DV Grant Programs
Grant-Funded Employee Change
(Agency Employees Only)

Along with the Quarterly Employee Time Report, complete/attach this document for any Agency Grant-Funded Employee **change** that occurred during the quarter. **A resume must also be attached.**

OF NOTE: An Employee Change document is not required if the Employee change occurred before July 1, 2025.

Grant Number _____

Grant-Funded Position (as listed on your **approved grant Budget**) _____

Former Grant-Funded Employee – First & Last Name _____

Last Working Day on the Grant (MM/DD/YY) _____

Grant-Funded Employee Change – First & Last Name _____

First Working Day on the Grant (MM/DD/YY) _____

This Grant-Funded Employee change is _____ Permanent _____ Temporary

The information provided above is correct and a resume is attached.

Director/Manager **Printed Name** _____

Director/Manager **Signature** _____
(Digital signature is allowable)

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Reporting Forms - Guidance

Authorization to Sign/Change of Address

*Complete if you have any change to your
CEO, Program Officer, Fiscal Officer or
Agency address*

Wet and digital signatures accepted

*Email the completed/signed form to your
Grant Monitor*



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

KWAME RAOUL
ATTORNEY GENERAL

AUTHORIZATION TO SIGN PROJECT DOCUMENTS or ADDRESS CHANGE

I, _____, hereby authorize the identified individuals to act on my behalf in coordination with the Attorney General's office in reference to VCVA or DV Grant Number _____. In this capacity, they are authorized to sign all correspondence in relation to this project.

Agency: _____

Authorized Program Officer _____

Authorized Individual's Mailing Address _____

Authorized Individual's Area Code/Phone No _____

Authorized Individual's Area Code/Fax No _____

Authorized Individual's E-mail _____

Authorized Fiscal Officer _____

Authorized Individual's Mailing Address _____

Authorized Individual's Area Code/Phone No _____

Authorized Individual's Area Code/Fax No _____

Authorized Individual's E-mail _____

Chief Executive Officer

Date

The Authorized Program Officer and Fiscal Officer cannot be the same individual.

500 South Second Street, Springfield, Illinois 62701 • (217) 782-1090 • Fax: (217) 782-7046
115 South LaSalle Street, Chicago, Illinois 60603 • (312) 814-3000 • Fax: (312) 814-3806
1745 Innovation Drive, Suite C, Carbondale, Illinois 62903 • (618) 529-6400 • Fax: (618) 529-6416
Individuals with hearing or speech disabilities can reach us by using the 7-1-1 relay service

Reporting Forms - Guidance

Non-Personnel Grant Expense Details

Complete the spreadsheet for any expenses other than Personnel or Fringe Benefits (contractor invoices, travel receipts, etc.)

Amounts must match expenses data entered into you AmpliFund quarterly expense Report

Attach to your AmpliFund quarterly Expense Report along with copies of the invoice(s) and proof of payment(s)

FY26

VCVA & DV Grant Programs

Non-Personnel Grant Expense Details

Grant Number: _____

Reporting Quarter (MM/DD/YY to MM/DD/YY) : _____

For each non-personnel, grant-funded expense in the reporting quarter:

1. Complete the spreadsheet
2. Attach the spreadsheet, invoice(s) **and proof of payment** to your AmpliFund Expense Report

Expense Date	Vendor	Invoice Number	Brief Description of Expense	Amount Paid
Total				\$ -

Reporting Forms - Guidance

Change in CEO

Required if you have a change in CEO

- Complete all fields
- Upper portion is for the former CEO information
- Lower Portion is for the new CEO information
- Indicate permanent or temporary change

Email the completed/signed form to your Grant Monitor



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

KWAME RAOUL
ATTORNEY GENERAL

NOTICE OF CHIEF EXECUTIVE OFFICER CHANGE

Please complete this form for a change in the CEO of the agency.

Name of Agency:

Grant Number:

FORMER CEO INFORMATION

Name:

Job Title:

Last Day Employed:

NEW CEO INFORMATION

Name:

Job Title:

First Day Employed:

This change is ☐ Permanent ☐ Temporary

500 South Second Street, Springfield, Illinois 62701 ☎ (217) 782-1090 ☎ Fax: (217) 782-7046
115 South LaSalle Street, Chicago, Illinois 60603 ☎ (312) 814-3000 ☎ Fax: (312) 814-3806
1745 Innovation Drive, Suite C, Carbondale, Illinois 62903 ☎ (618) 529-6400 ☎ Fax: (618) 529-6416
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Grant Budget Category Change

Budget Amendment Request

Amendment Name ▾	Type ▾	Areas To Amend ▾
Budget Revision 1	Amendment Request	Budget

Request in AmpliFund to move funds from an approved budget category to another approved budget category

Approved Budget Amendment Requests will go into effect for the current quarter

Not retroactive to any previous reporting quarter(s)

No requests will be approved after the end of the fiscal year (June 30, 2026)

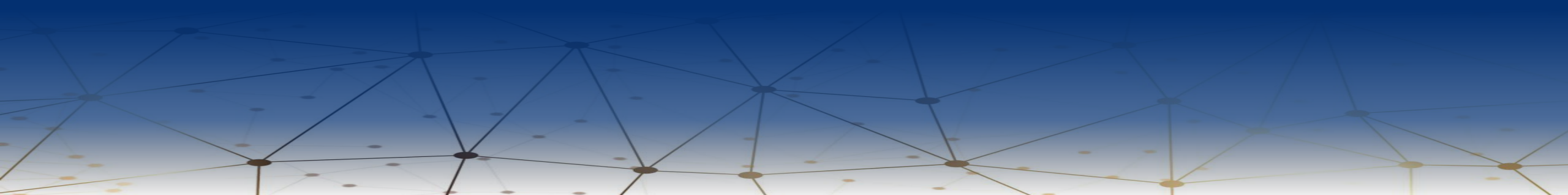
Common Questions

When can I submit each quarterly report?

Is there specific order for the submissions?

Why was my quarterly report rejected?

Where do I attach my supporting documentation?



Common Questions

When can I submit each Quarterly Report?

Quarterly Report must be submitted before the 15th of the month following the close of the reporting period;

Quarterly Report should **only** include expenses and performance achievements aligning with services provided within the reporting quarter.

Due Dates

1st Quarter Report due October 15th
July 1st -September 30th

2nd Quarter Report due January 15th
October 1st -December 31st

3rd Quarter Report due April 15th
January 1st - March 31st

4th Quarter Report due July 15th
April 1st - June 30th

Common Questions

Is there specific order for the submissions?

*All reporting periods must be **closed** prior to submitting a payment request!*

Quarterly Reports must include:

- *Expense Report*
- *Documentation that Supports Expenses*
- *Performance/Achievement Report*
- *Payment Request*

Common Questions

Why was my Quarterly Report rejected?

Did you select “Reviewed” status for all expenses before submitting the Expense Report?

Did you choose the Related Reporting Period from the drop-down menu when submitting the Payment Request?

Note: *if the correct reporting period is not available in the drop-down menu, that generally means your expense report was not closed out properly.*

Common Questions

Where do I attach my supporting documentation?

After entering your expenses, attach to your Expense Report or Payment Request:

- *Grant Funded Personnel Time Reports*
- *Invoices and proof of payment for expensed line items*
- *All resumes and job descriptions - 1st quarter (only new grant funded staff thereafter)*

Review all documents to ensure they are not missing any information and have all the required signatures.

Site Visits

Every 15 – 18 Months

1st SV During or After the 2nd Quarter

A Chance to Tell Us About Your Program

Documentation

Between 1 hour to 1 ½ hours

Pre-Visit Checklist

Compliance Requirements

- *Policies & Procedures*
- *Staffing*
- *Leadership Changes*
- *Running General Ledger*

Program Discussion

- *Challenges*
- *Your Grant In Action*
- *Useful Resources*

Site Visit Connections



Site Visits

What a site visit is:

*An opportunity to build relationships between
the Office of the Attorney General and our grantees face-to-face*

What a site visit is not!

*An Audit
or
A Pass/Fail Grade*

Contact Information

Sharon Dehn, Director
sharon.dehn@ilag.gov

Andrea Halteman, Asst. Director
andrea.halteman@ilag.gov

Amanda Kidd
Grant Monitor for
East Central Illinois
amanda.wells@ilag.gov

Ashley Meyer
Grant Monitor for
**Cook, Kane and DuPage
Counties**
ashley.meyer@ilag.gov

Connor Sullivan
Grant Monitor for
Southern Illinois
connor.sullivan@ilag.gov

Josette Slaughter
Grant Monitor for
West Central Illinois
josette.slaughter@ilag.gov

Karyna Reshetniak
Grant Monitor for
Cook and Will Counties
karyna.reshetniak@ilag.gov

Louise Kanthak
Grant Monitor for
Northern Illinois
louise.kanthak@ilag.gov