

THE 21ST JUDICIAL DISTRICT
VICTIM ASSISTANCE AND LAW ENFORCEMENT BOARD

**VICTIM ASSISTANCE AND LAW ENFORCEMENT (VALE)
GRANT APPLICATION**

For

JANUARY 1, 2019 THROUGH DECEMBER 31, 2019

FUNDS AVAILABLE: \$400,000

APPLICATIONS MUST BE RECEIVED AT:

*21st Judicial District Attorney's Office
ATTN: VALE Administrator
P.O. Box 20,000 Department 5031
Grand Junction, CO 81502*

NO LATER THAN 4:00 PM ON SEPTEMBER 4, 2018

Please read the Request for Proposal (RFP) Announcement and the Application Guidelines and Instructions prior to completing this application.

For more information contact:

Jennifer Ballagh
Local VALE Administrator
District Attorney's Office
Department 5031
P.O. Box 20,000
Grand Junction, CO 81502-5001
(970) 244-1730

E-mail: jennifer.ballagh@mesacounty.us

Application available on-line: <https://da.mesacounty.us/victimwitness-program/vale-victim-assistance-and-law-enforcement/>

VICTIM ASSISTANCE AND LAW ENFORCEMENT (VALE) 2019 GRANT APPLICATION CHECKLIST

Prior to grant submission be sure the following items and procedures are completed:

- _____ Statutes governing VALE Board funding reviewed.
- _____ VALE Grant Guidelines and Instructions Document **thoroughly** reviewed. *This document contains required questions and information to be included in each section of the application.*
- _____ 2019 VALE Grant Application Template Used
- _____ Grant application is complete. **ALL** questions have answers (*including "N/A" for questions that are not applicable to the request*)
 - _____ *Section A- Cover sheet*
 - _____ *Section B- Project Concept/Design*
 - _____ *Section C- Goals & Objectives*
 - _____ *Section D- Budget Summary/Financial Information*
 - _____ *Section E- Agency Funding Information*
 - _____ *Section F- Appendix/Attachments*
 - _____ *Responsible Parties*
 - _____ *Signature Page*
- _____ Agency data used is from the most recent 12-month calendar or fiscal year
- _____ Request does not include COVA training costs.
- _____ Signature page signed in **blue** ink by all required parties.
- _____ Copy of Agency's Mission and/or Vision statements attached.
- _____ Proof of non-profit status attached.
- _____ Board of Directors/Key Officers list attached (*if applicable*)
- _____ Total Agency Budget Encompassing Victim Services attached.
- _____ Inter-Agency Agreements attached (*if applicable*)
- _____ Job Descriptions for VALE funded staff attached (*if applicable*)
- _____ Letters of Support attached (*optional*)

You may email Jennifer Ballagh, VALE Administrator with questions concerning the grant process and application at Jennifer.ballagh@mesacounty.us.

VICTIM ASSISTANCE AND LAW ENFORCEMENT (VALE) 2019 GRANT APPLICATION

Section A: COVER SHEET

1) Applicant Agency:

Legal Agency Name:

Doing Business As (dba):

Project Title:

Mailing Address:

Street Address:

City/Town:

County:

Phone # :

2) Project Director:

VALE USE ONLY CY 2018 FUNDING

Project Director Name:

Date Received:

Position/Title:

Circle One: V/S or L/E
Previously Funded: YES or NO

Phone #:

Fax #:

App #

E-Mail:

Approved: _____ Denied _____

Additional Contact E-Mail 1:

Additional Contact E-Mail 2:

New Application

Continuation Application

3) Total VALE Funds Requested:

\$

Award \$

4) Type of Agency:

Non-Profit Agency {501(c)3}

Government Agency

Private-For-Profit Agency

Law Enforcement Agency

DA's Office

Courts / Probation

Other (Please specify):

Section B: PROJECT CONCEPT/DESIGN

5) Applicant Agency Description and History

6) Problem Statement

7) Crime Victim Definition

8) Project Description

8) Project Description Continued

9) Coordination of Services

10) Project Timeline and Work Plan

11) Victim's Rights Act

Describe how this project will address the implementation or provision of the rights of victims and witnesses as outlined in the Victim's Rights Act Section 24-4.1-302.5 C.R.S., and/or the provision of the services and programs delineated in the sections 24-4.1-303, 24-4.1-304, and 24-4.2-105 (4) related to all crimes defined in section 24-4.1-302(1) ?

12) Describe the efforts of your agency to ensure that the crime victims served by your agency fully understand the rights afforded to them by the constitutional amendment.

13) Describe the type of victim's rights training that has been provided to your staff/volunteers.

14) Describe the type of Victim Compensation training that has been provided to your staff/volunteers.

Section C) Goals and Objectives

15) Please list your goals & objectives for the purpose of your specific project-funding request.

Goals should be limited to three, with no more than three objectives for each goal. Your objectives must be measurable and related to the personnel position(s) / professional services or consultant(s) requested in your Total 12-Month Budget.

Goal 1:

Objective 1:

Position Title(s):

Position #(s):

Objective 2:

Position Title(s):

Position #(s):

Objective 3:

Position Title(s):

Position #(s)

Goal 2:

Objective 1:

Position Title(s):

Position #(s):

Objective 2:

Position Title(s):

Position #(s):

Objective 3:

Position Title(s)

Position#(s)

Goal 3:

Objective 1:

Position Title(s):

Position #(s):

Objective 2:

Position Title(s):

Position #(s):

Objective 3:

Position Title(s):

Position #(s):

16) Program Evaluation

17) Project Challenges

Section D: Budget Summary/Financial information

NOTE: Please check your arithmetic on ALL entries!

18) Total 12-Month Budget – Calendar Year January 1 to December 31

18A) Personnel Request:

| | | | | |
|--------------------|--|-----------------------------------|--|----------------------------|
| Position 1: | Title: Name: Total # hours per week this position for the agency (max=40 hrs.) | | | VALE Staff Use Only |
| | Annual Budget | Amount requested from VALE | Amount from all other sources for this position | |
| Salary | \$ | \$ | List Sources: | |
| Fringe/Benefits | \$ | \$ | | |
| Totals: | \$ | \$ | Total from all other sources: \$ | |

| | | | | |
|--------------------|--|-----------------------------------|--|----------------------------|
| Position 2: | Title: Name: Total # hours per week this position for the agency (max=40 hrs.) | | | VALE Staff Use Only |
| | Annual Budget | Amount requested from VALE | Amount from all other sources for this position | |
| Salary | \$ | \$ | List Sources: | |
| Fringe/Benefits | \$ | \$ | | |
| Totals: | \$ | \$ | Total from all other sources: \$ | |

| | | | | |
|--------------------|--|-----------------------------------|--|----------------------------|
| Position 3: | Title: Name: Total # hours per week this position for the agency (max=40 hrs.) | | | VALE Staff Use Only |
| | Annual Budget | Amount requested from VALE | Amount from all other sources for this position | |
| Salary | \$ | \$ | List Sources: | |
| Fringe/Benefits | \$ | \$ | | |
| Totals: | \$ | \$ | Total from all other sources: \$ | |

| | | | | |
|--------------------|---|-----------------------------------|-------------------------------------|--|
| Position 4: | Title: Name: Total # hours per week this position for the agency (max=40 hrs. | | VALE Staff Use Only | |
| | Annual Budget | Amount requested from VALE | | Amount from all other sources for this position |
| Salary | \$ | \$ | | List Sources: |
| Fringe/Benefits | \$ | \$ | | |
| Totals: | \$ | \$ | Total from all other sources: \$ | |

TOTAL VALE Personnel Funds Requested: \$

If you are requesting funding for PERSONNEL, you must fully explain and justify the need for the current request.

18B) Supplies & Operating Expenses:

| List Requested Operating Expenses | Annual Amount | Amount Requested from VALE | Amount Available / Anticipated from Other Sources |
|---|----------------------|-----------------------------------|--|
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Total VALE Supplies & Operating Funds Requested: | \$ | \$ | \$ |

If you are requesting for SUPPLIES & OPERATING, you must fully explain and justify the need for the current request.

18C: In-State Travel

| (Transportation, Per Diem, Etc.) | Annual Amount | Amount Requested from VALE | Amount Available / Anticipated from Other Sources |
|--|---------------|----------------------------|---|
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Total VALE In-State Travel Funds Requested: | \$ | \$ | \$ |

If you are requesting funding for IN-STATE TRAVEL*, you must fully explain and justify the need for the current request. *See instructions

18D: Equipment (durable, single item \$5,000 & over):

| List Requested Equipment Expenses | Annual Amount | Amount Requested from VALE | Amount Available / Anticipated from Other Sources |
|--|---------------|----------------------------|---|
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Total VALE Equipment Requested: | \$ | \$ | \$ |

If you are requesting funding for EQUIPMENT, you must fully explain and justify the need for the current request.

18E: Professional Services / Consultants:

| Professional Services / Consultants | Annual Amount | Amount Requested from VALE | Amount Available / Anticipated from Other Sources |
|--|---------------|----------------------------|---|
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Total VALE Professional Services / Consultants Funds Requested: | \$ | \$ | \$ |

If you filled out any of the boxes for PROFESSIONAL SERVICES / CONSULTANTS, you must fully explain and justify, both the need and the rate of pay, for the current request.

Empty space for justification of professional services/consultants requests.

18F) VALE Grant Request Summary (This chart summarizes all dollars by category):

Note: Please check your arithmetic on all entries.

| Budget Categories | VALE Grant Request |
|---|--------------------|
| Personnel | \$ |
| Supplies & Operating | \$ |
| In-State Travel | \$ |
| Equipment | \$ |
| Professional Services/Consultants: | |

TOTAL VALE FUNDS REQUESTED:

Section E: Agency Funding Information

19) Necessary Funding Information – Please Answer 19A OR 19B

19A) Continuation Applicants – Clearly describe the reasons for the differences between this requests for funding and your most recent/current grant award.

19B) NEW Applicants – If not currently being funded by VALE, you must describe how the requested budget items are currently being funded.

20) Total Agency Revenues, Budget, & Accounting System – This section is to include the total agency revenue and expenditures for the last completed fiscal year.

| REVENUE | Amount | EXPENDITURES | Amount |
|---|-----------|---|-----------|
| VOCA | \$ | Personnel Salaries | \$ |
| VAWA | \$ | Personnel Taxes | \$ |
| FVPSA / DAAP /TANF | \$ | Personnel Benefits | \$ |
| City Government | \$ | Professional Services | \$ |
| Local VALE: | \$ | Accounting Services (i.e. Payroll) | \$ |
| JD # | \$ | Attorney Fees | \$ |
| JD# | \$ | Translation / Interpretation Services | \$ |
| JD# | \$ | Equipment (copiers, fax machines, computers) | \$ |
| JD# | \$ | Rent / Mortgage | \$ |
| State VALE | \$ | Utilities | \$ |
| County Funding | \$ | | |
| United Way | \$ | Telephone | \$ |
| Corporate / Foundation Grants | \$ | Answering Service | \$ |
| Local Fundraising Activities / Events | \$ | Insurance | \$ |
| Donations | \$ | Fundraising Expenses | \$ |
| Client Fees | \$ | Audit / Financial Review | \$ |
| Investment Income | \$ | Staff Travel | \$ |
| State Government Funding | \$ | Staff, Board & Volunteer Training / Development | \$ |
| Other Federal Funds – Specify: | \$ | Program Supplies & Materials | \$ |
| Project Income (i.e. educational trainings / materials) | \$ | Office Supplies | \$ |
| SA Prevention Funds | \$ | Advertising | \$ |
| Other: | \$ | Postage | \$ |
| Other: | \$ | Duplication / Printing | \$ |
| Other: | \$ | Books & Subscription | \$ |
| Other: | \$ | Memberships | \$ |
| Other: | \$ | Computer Consultants | \$ |
| Other: | \$ | Client Services (food, motel, transportation, etc.) | \$ |
| Other: | \$ | Client Services | \$ |
| Other: | \$ | Bank / Finance Fees | \$ |
| Other: | \$ | Newsletter / Education | \$ |
| Other: | \$ | Depreciation | \$ |
| Total: | \$ | Total: | \$ |

Who is the custodian of your funds?

Who controls recordkeeping and reconciliation of the funds?

Do you require two signatures on the checking account? Yes No

What is the dollar limit that requires two signatures? \$

Do you require an independent audit of funds? Yes No

If so, do you send a copy of the audit to the VALE Board? Yes No

Does an Authorized Official/Board member (Board/Agency Treasurer) assist with financial planning? Yes No

If this is a non-profit organization, is there a financial committee overseeing the budget? Yes No

Do you have a budget planning meeting once a year? Yes No

21) Please explain the percentage of your agency's budget used for crime victim services.

22) Describe how your agency tracks VALE grant funds as opposed to other funds/grants. Also, describe how your agency tracks services to ensure that it is not using VALE funds to provide services that could be or have been paid by Victim's Compensation.

23) Diversification of Funding – Describe fundraising and other funding solicitation done by your agency for this project.

Section F – Appendix

Please attach the following documents, as applicable to your application:

- ✓ Statement of your Organization's Mission and/or Vision
- ✓ Job Descriptions for VALE funded staff, *if applicable*
- ✓ Listing of Board of Directors and/or Key Officers
- ✓ Letters of Support, if applicable
- ✓ Proof of non-profit status
- ✓ Inter-Agency Agreements (as needed)

RESPONSIBLE PARTIES

Project Director: The person who has direct responsibility for the implementation of the project. This person should combine knowledge and experience in the project area with ability to administer the project and supervise personnel. He/She shares responsibility with the Financial Officer for seeing that all expenditures are within the approved budget. This person will normally devote a major portion of his/her time to the project and is responsible for meeting all reporting requirements. The Project Director must be a person other than the Authorized Official or the Financial Officer.

Financial Officer: The person who is responsible for all financial matters related to the program and who has responsibility for the accounting, management of funds, verification of expenditures, audit information and financial reports. The person who actually prepares the financial reports may be under the supervision of the Financial Officer. The Financial Officer must be a person other than the Authorized Official or the Project Director.

Authorized Official: The authorized official is the person who is, by virtue of such person's position, authorized to enter into contracts for the grant recipient. This could include: Mayor or City Manager for City Agencies/Police Departments, Chairperson of the County Commissioners for County Agencies/Sheriff's Departments, President or Chairperson of the Board of Directors for Non-Profit agencies, District Attorney, Superintendent or other Chief Executive Officer.

Project Director:

Name: _____ Position/Title: _____

Agency (including Division or Unit): _____

Mailing Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Financial Officer:

Name: _____ Position/Title: _____

Agency (including Division or Unit): _____

Mailing Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Authorized Official:

Name: _____ Position/Title: _____

Agency (including Division or Unit): _____

Mailing Address: _____

Phone: _____ Fax: _____ E-Mail: _____

SIGNATURE PAGE

Original signatures of each party to this application (i.e. Project Director, Financial Officer and Authorized Official) are required. Please use blue ink to distinguish the original documents from copies.

The following signatories understand and agree that any grant received as a result of this application shall incorporate and be subject to the statements made within the above described VALE Grant Application (The Application). Furthermore, the signatories certify that they have each read The Application and are fully cognizant of their duties and responsibilities for this project.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE RIGHTS AFFORDED TO CRIME VICTIMS PURSUANT TO 42-4.1-302.5 AND THE SERVICES DELINEATED PURSUANT TO SECTIONS 24-4.1-303 AND 24-4.1-304 C.R.S.

ALL APPLICANTS REQUESTING GRANT FUNDS WILL BE REQUIRED TO MAKE AN ORAL PRESENTATION TO THE VALE BOARD.

AUTHORIZED OFFICIAL
(PLEASE PRINT)

SIGNATURE

PROJECT DIRECTOR
(PLEASE PRINT)

SIGNATURE

FINANCIAL OFFICER
(PLEASE PRINT)

SIGNATURE