

**For Official Use Only:**

Date/Time Received \_\_\_\_\_ Application Number \_\_\_\_\_ V/S or L/E  
Project Duration \_\_\_\_\_ to \_\_\_\_\_ Previously Funded Yes No All Materials Included Yes No  
Date of Board Review \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Amount Requested\$ \_\_\_\_\_ Award Amount \$ \_\_\_\_\_  
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# VICTIM ASSISTANCE AND LAW ENFORCEMENT GRANT APPLICATION

10th Judicial District  
701 Court Street  
Pueblo CO 81003  
(719) 583-6048  
gutierrd@pueblocounty.us

Please be advised that the board may revoke any contract/grant if used inappropriately. Application must be typed **and using 12 point Times New Roman**. Please **submit one (1) original and seven (7) copies** of your application. Copies must be **copied on both sides** (duplex).

**Deadline is OCTOBER 17, 2019, by 4 pm**

1. APPLICANT AGENCY \_\_\_\_\_
2. PROJECT TITLE \_\_\_\_\_
3. Executive Director \_\_\_\_\_ Email: \_\_\_\_\_
4. Project Director \_\_\_\_\_ Email: \_\_\_\_\_
5. Phone \_\_\_\_\_ Fax \_\_\_\_\_
6. Address \_\_\_\_\_
7. Web page \_\_\_\_\_
8. AMOUNT REQUESTED \$ \_\_\_\_\_
9. NON-PROFIT STATUS: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ In Progress  
Tax ID Number \_\_\_\_\_
10. GOVERNMENT AGENCY \_\_\_\_\_ Yes \_\_\_\_\_ No

**REQUIRED ATTACHMENTS (Include with all copies):**

- A. Copy of 501(c) (3) IRS Tax Ruling
- B. Copy of Secretary of State Certificate of Good Standing
- C. Listing of Board of Directors and Key Officers
- D. Resume of Executive Directory and Program/Project Director
- E. All Personnel requests must include your agency's classification of that position and job description and employee name
- F. Organizational Chart
- G. Copy of current Financial Statement and Audit Report (Waived for governmental agencies)  
*(Attach to original copy only)*
- E. Accountant letter, balance sheet and income statement (Waived for governmental agencies)
- F. Your agency brochure explaining VRA and Victim Compensation
- G. Random Sampling of Client Satisfaction Surveys
- H. Letters of Support (limit 4)
- I. COVA Scholarship Application

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

<b>Grant Year</b>	<b>Amount Requested</b>	<b>Amount Received</b>	<b>Number of Victims Served (Estimate 2020)</b>	<b>% of Local Agency Budget – 10<sup>th</sup> Judicial District</b>
<b>2020</b>	\$	N/A		
<b>2019</b>	\$	\$		
<b>2018</b>	\$	\$		

**Executive Summary of the Agency and problem statement that is specific to the community the project will serve.**

**VICTIM RIGHTS**

1. Does your agency have a statutory mandate to notify victims under the Victim Rights Act?  
 Yes  No

How do you presently notify victims of their rights under the VRA? Please provide a brochure from **your agency** explaining VRA. (*Attachment F*) \_\_\_\_\_

What is the approximate number of notifications made by your agency each year? \_\_\_\_\_

2. Describe the training your agency provides to all staff and volunteers about informing victims of their rights under the Colorado Constitution.

Date of last training: \_\_\_\_\_ Training provided by: \_\_\_\_\_

How many from your agency attended the above training? \_\_\_\_\_

Who conducted the Training Session? \_\_\_\_\_

If your training was more than 12 months ago, when is next scheduled training and who will be providing the training? \_\_\_\_\_

**Describe how this project will address the guidelines for assuring the rights of victims and witnesses as outlined in the Victim’s Rights Act Section 24-4.1-302.5 C.R.S.**

**If applicable, define how this project will address law enforcement victim service needs as outlined in the VALE Statute 24-4.2-105 C.R.S. (Law Enforcement agencies ONLY.)**

**CRIME VICTIM COMPENSATION**

1. Are any of the services provided by your agency eligible for Crime Victim Compensation reimbursement (24-4.1-100.1 C.R.S)?  Yes  No

If yes, list services:

2. Does your agency conduct or receive Crime Victim Compensation training from the Crime Victim Compensation Administrator to your staff and volunteers?  Yes  No

Date of last training: \_\_\_\_\_

If not by Victim Compensation Administrator, who was training provided by: \_\_\_\_\_

How many from your agency attended the above training? \_\_\_\_\_

<b>Describe how your agency refers victims for Crime Victim Compensation? (Attachment F)</b>

Do you currently survey your clients to determine client satisfaction with the services provided?

Yes  No

If yes, please provide a random sampling of client satisfaction surveys provided to your agency within the last 12 months. (Attachment G). If no, how do you plan to determine client satisfaction with the services provided? \_\_\_\_\_

**CULTURAL COMPETENCY**

<b>Explain the diverse cultural, language and physical needs you encounter in the victims you serve and how your agency meets those needs. In compliance with the American Disability Act (ADA) on providing access, how does your agency provide accommodations for crime victims or victim service providers and go beyond the basic requirement?</b>

**PROJECT CONCEPT/DESIGN**

Describe and quantify the need your project is designed to address from your problem statement within the 10<sup>th</sup> Judicial District (Pueblo County). **(See instructions-not to extend past this page)**

**What are the types of crime affected by victims to be served under this project? (as outlined in Section 24-4.1-302 C.R.S.)**

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**Indicate which services you will be providing. (as outlined in Section 24-4.2-105 C.R.S.)**

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**Describe your agency's referral process that brings victims to the project. How does your agency coordinate and/or cooperate with agencies and programs that are similar? How is duplication of services avoided?**

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**GOALS AND OBJECTIVES**

How many victims do you project your agency will serve during the grant period?

Total agency: \_\_\_\_\_ The project funded under VALE: \_\_\_\_\_

Goals	Objectives	Desired Outcomes	Outcome Measures

**BUDGET SUMMARY/FINANCIAL INFORMATION**

1. Total amount of VALE funds requested for this project: \$ \_\_\_\_\_

2. Will the amount requested provide full funding for the project?  Yes  No

If no, please identify major funding sources and amounts received within the past two years. ***Do not include other VALE funding.*** Please also include other pending grants.

Source	Date of Award	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

4. Will you be applying to other state or Local VALE Boards for funding?  Yes  No  
If yes, please identify the Judicial District and the amount requested.

Date of Request	District	Amount Requested
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

6. Anticipated client fees from this project, if applicable: \$ \_\_\_\_\_

7. Describe volunteer and/or in-kind services that will be used for this program/project.

\_\_\_\_\_

**PROJECT BUDGET**

Please complete the following table to identify how your agency plans to use funds from the VALE grant, and how that fits in the context of your agency’s overall spending on victim services. A description of the agency’s entire budget for victim assistance and additional funding sources must be included.

<b>Budget Categories</b>	<b>Amount Requested from VALE</b>	<b>Amount Available from other Sources</b>	<b>Annual Amount</b>
<b>Personnel</b>	\$	\$	\$
<b>Supplies and Operating Expenses:</b>	\$	\$	\$
<b>Equipment (Over \$1,000):</b>	\$	\$	\$
<b>In-State Travel:</b>	\$	\$	\$
<b>Professional/Contracted Services</b>	\$	\$	\$
<b>Total Operating Expenses</b>	\$	\$	\$

**BUDGET NARRATIVE:**

See Instructions for full explanation of each budget category. Review justification for each category and additional information, forms, documentation and reporting that may be required upon approval of funding.

**Personnel:** Provide explanation of only those positions requesting VALE funding and how they are currently funded. Provide evidence to show that the proposed salary is one which is paid for equivalent positions. Fully explain and justify the need for the current request. (*Attachments E & F*)

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



<b>Position 2:</b>	<b>Title:</b>		
	<b>Name:</b>		
	<b>Total # hours per week this position for the agency (max=40 hrs.)</b>		
	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: \$
<b>Position 3:</b>	<b>Title:</b>		
	<b>Name:</b>		
	<b>Total # hours per week this position for the agency (max=40 hrs.)</b>		
	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: \$
<b>Position 4:</b>	<b>Title:</b>		
	<b>Name:</b>		
	<b>Total # hours per week this position for the agency (max=40 hrs.)</b>		
	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: \$

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

**Supplies and Operating/In-State Travel:** Items purchased for less than \$1,000 are included. Tuition and conference registrations are to be included in Supplies and Operating, not In-State Travel. **DO NOT INCLUDE COVA REGISTRATION IN THIS SECTION.**

Supplies & Operating Expenses (See Instructions)			
List Requested Operating Expenses	Annual Amount	Amount Requested from VALE	Amount Available / Anticipated from Other Sources
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total VALE Supplies & Operating Funds Requested:	\$	\$	\$

**In-State Travel:** Explain the relationship of each cost item to the project Items in this category usually include mileage, meals and lodging. **DO NOT INCLUDE COVA EXPENSES IN THIS SECTION.**

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

**Supplies & Operating Justification: In this section, you must fully explain and justify the need for your Supplies & Operating funds request.**

**In-State Travel Justification: In this section, you must fully explain and justify the need for your In-State Travel funds request.**

**Equipment**

Equipment (durable, single item \$5,000 & over): See Instructions			
List Requested Equipment Expenses	Annual Amount	Amount Requested from VALE	Amount Available / Anticipated from Other Sources
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total VALE Equipment Travel Funds Requested:	\$	\$	\$

**If you are requesting funding for EQUIPMENT, you must fully explain and justify the need for the current request and how it is essential to your project/services.**

**Contracted Services:**

Professional Services / Consultants: See Instructions.			
Professional Services / Consultants	Annual Amount	Amount Requested from VALE	Amount Available / Anticipated from Other Sources
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total VALE Professional Services / Consultants Funds Requested:	\$	\$	\$

**Explain and justify why project staff/volunteers cannot perform the proposed services. How are these services essential to your project? Explain competitive solicitation process. (See Instructions)**

The applicant assures that the following signatories and all staff and volunteers assigned to this project have read and understand the rights afforded to crime victims pursuant to section 24-4.1-302.5 C.R.S. and the services delineated pursuant to sections 24-4.1-303 C.R.S. and 24-4.1-304 C.R.S.

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.

_____	_____	_____
<b>Typed Name of Agency Director</b>	<b>Signature of Agency Director</b>	<b>Date</b>

_____	_____	_____
<b>Typed Name of Project Director</b>	<b>Signature of Project Director</b>	<b>Date</b>

_____	_____	_____
<b>Typed Name of Financial Officer</b>	<b>Signature of Financial Officer</b>	<b>Date</b>

_____	_____	_____
<b>Typed Name of Authorize Official</b>	<b>Signature of Authorized Official</b>	<b>Date</b>

**Agency Director:** The Executive Director of the agency. **This may in some agencies be the same person as the Project Director or Authorized Official.**

**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. The Project Director shares responsibility with the Financial Officer for overseeing 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, and 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, Chairperson of the County Commissioners, President or Chairperson of the Board of Directors, Superintendent, or other Chief Executive Officer.