# Submit: 1 Original & 3 Copies

Send to: ICASA Office – No Fax or E-mail

Due Date: **July 7, 2017, 5:00 p.m.**

Late Fine Policy Applies

**DO NOT ADD ADDITIONAL PAGES**

APPLICATION FOR FY18 VOCA FUNDS

PROGRAM DEVELOPMENT

1. **Name of Applicant Organization**

2. **Applicant’s Address**

**City/State/Zip Phone**

3. **🞏 501-C-3 tax exempt FEIN #**

**DUNS #**

4. **Send correspondence about this application to:**

5. **Amount of VOCA Funding Request $**

6. **People authorized to present application to Contracts Review Committee**

**Name Title**

**Name Title**

7. The following have read and approved the application for submission to ICASA. Signatories verify that that all services will comply with ICASA certification requirements, contracts and assurances (page 2).

**Date**

**ORIGINAL SIGNATURE** of Agency Executive Director or CEO

**Date**

**ORIGINAL SIGNATURE** of President, Board of Directors

**Date**

**ORIGINAL SIGNATURE** of Treasurer, Board of Directors

**EXECUTIVE SUMMARY**

**Describe how the FY18 funds you are requesting will support services for victims of sexual violence.**

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| --- | --- |
| **Funding Request:** | |
| **TOTAL** | **$** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office(s) to be Funded:** | |  | **Staff to be Funded:** | |
| **Total Office(s)** |  |  | **Total FTEs in Sexual Violence Program** |  |

|  |  |  |
| --- | --- | --- |
| **Hours of Service** | **FY17 (3 quarters)**  **7/1/2016 - 3/31/17** | **FY18 (projected 12 mo.)**  **7/1/17 - 6/30/18** |
| Non-Client Crisis Intervention |  |  |
| Counseling (Family, Group, In-Person & Telephone) |  |  |
| Advocacy (criminal justice, medical) |  |  |
| Personal Advocacy/Case Management\* |  |  |

\* Referred to as Other Advocacy in InfoNet

**HISTORY AND CAPACITY**

**OF SEXUAL VIOLENCE SERVICES PROGRAM**

1. **Describe history and philosophy of sexual violence services program. Include data about services provided to victims during FY17.**

2. **Describe services currently available to victims of sexual violence.**

3. **Describe current staffing of sexual violence services program, including staff training program.**

4. **Describe office space(s) where sexual violence services occur.**

5. **Describe documentation of sexual violence services (e.g. intake forms, service plan, counseling records, release forms, etc.).**

6. **Describe volunteer component of sexual violence services program, including volunteer training.**

**DESCRIPTION OF NEED**

**GEOGRAPHIC SERVICE REGION/POPULATIONS**

**Describe the geographic area and populations to be served. Describe the need for sexual violence services in this current service area. Use demographic information, data about sexual violence, anecdotal information and other information to describe the service area and needs.**

**HOW FUNDS WILL BE USED**

**STAFF COMPENSATION**

**Describe staff compensation, including salary schedule and benefits. Describe how proposed compensation is designed to enhance recruitment and retention of staff.**

**DESCRIPTION OF OFFICES AND SERVICES**

1. **Describe each service to be provided (e.g. 24-hour crisis intervention, counseling, medical and court advocacy, other advocacy/case management, information and referral. Indicate hospitals to be served, law enforcement/court jurisdictions, etc.) and offices to be supported with these funds. List all offices in Appendix A.**

2. **Describe how these funds will expand the amount of services available within service area/populations** **(e.g. increase hours of advocacy, counseling,)**

3. **Describe services to underserved populations (e.g. racial/ethnic minorities, victims of trafficking/prostitution, LGBTQ survivors, people with disabilities, victims who are limited English proficiency). Describe how services are tailored to meet needs of these groups.**

**PUBLIC AWARENESS/OUTREACH – *Indicate whether these funds will support this activity by checking yes or no. If yes, briefly describe. Public awareness presentations, includes newspaper notices, PSAs and presentations in public forums (e.g. schools and community centers) to inform the public and crime victims about specific rights and services.* Yes ❑ No ❑**

**ACCESS TO SERVICES – *Indicate whether these funds will support each activity by checking yes or no. If yes, briefly describe about how each activity will be implemented. If no, explain how the barriers are managed.***

1. **Assistance with child care and respite care to enable a victim to participate in center services and attend activities related to criminal justice and other public proceedings arising from the crime. Yes ❑ No ❑**

2. **Transportation to permit the survivor to participate in center services and other appointments related to recovery from sexual violence. Yes ❑ No ❑**

3. **Language/Interpretation to permit survivor to participate in services in a language/communication style suited to their needs.**

**Yes ❑ No ❑**

4. **Describe how screening and intake processes are free of barriers to service. How does process engage survivors of sexual violence in services needed for trauma recovery?**

**WHO WILL PROVIDE SERVICES**

1. **FUNDED STAFF – *Summarize proposed VOCA-funded staff positions (titles) and FTEs for each. Briefly describe general duties for each.***

***Example: 4 counselors 2.5 FTE counseling with adult and children***

2. **STAFF TRAINING – *Describe training for direct service staff. How does staff training comply with Confidentiality Statute (40 hours of training) and ICASA Service Standards (***[www.icasa.org](http://www.icasa.org)***).***

***Describe how training builds skills related to trauma-informed care.***

***If not currently in compliance, describe capacity to comply.***

**VOLUNTEERS**

1. **Describe your volunteer program, including training of volunteers; scheduling of volunteers for hotline, in-person medical advocacy and other services; supervision of volunteers and documentation of volunteer participation.**

2. **VOCA funds require that volunteers participate in direct service delivery. Describe how volunteers will participate in providing direct services to victims of sexual violence and their significant others.**

3. **How many trained direct service volunteers are currently included on the 24-hour coverage schedule?**

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| --- | --- |
| **SERVICE PROVIDED BY VOLUNTEERS** | **NUMBER OF VOLUNTEERS** |
| **Crisis Response (24-hour hotline, medical/law enforcement response)** |  |
| **Other direct victim services (specify)** |  |
| **TOTAL Direct Service Volunteers** |  |

**SERVICE PROJECTIONS**

1. **Complete the attached Excel chart to reflect direct services to victims of sexual violence provided in the first three quarters of FY17 (July 1, 2016-March 31, 2017) and direct service projections for FY18 to be supported with these VOCA funds.**

2. **If you want the Contracts Review Committee to be aware of any specific information related to FY17 performance and/or FY18 projections, please include it here. (Optional)**

**BUDGET**

**Complete the FY18 budget (Excel document) provided with application materials. List funding amounts requested for each applicable category and line item. Provide budget narrative information for each applicable line item. Consult ICASA policy (Chapter 6, page 4-13) for allowable and unallowable expenses.**

**ATTACHMENTS**

Send **one copy** of the following attachments:

❑ Articles of Incorporation

❑ Certificate of organization’s tax exempt status

❑ Affirmative Action Policy for organization

❑ Copy of current IRS and Attorney General 990 Forms

❑ Letter from Attorney General confirming the center’s current status with the Attorney General’s Charitable Trust and Solicitation Division

❑ Copy of Secretary of State Certification of Incorporation

❑ Completed and signed certifications:

❑ Compliance with the Equal Employment Opportunity Plan (EEOP)

❑ Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements

❑ Civil Rights Compliance

Send **four copies** of the following attachments:

❑ Bylaws

❑ Mission Statement

❑ Any other document approved by the Board of Directors that describes the organization’s commitment to serving adult victims of sexual violence, if applicable

❑ Organizational chart for entire organization and sexual violence program

❑ Current list of members of Board of Directors. Include name, address, telephone number and occupation of each member. Describe how the board is representative of the diversity of the community.

❑ Minutes of most recent meeting of Board of Directors

❑ Current list of Sexual Violence Program volunteers

❑ Timed agenda for the most recent volunteer training

❑ Confidentiality policy for sexual violence program

❑ Form client signs to authorize release of information

❑ Two letters from community organizations or agencies in support of the sexual violence program dated January 1, 2017 or later

❑ Sexual violence program brochures and public awareness materials for sexual violence program

**VOCA-FUNDED OFFICES**

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| --- | --- |
| **Sexual Violence Program Office(s) to be Funded (Name of Office)** | **Neighborhood, Community, County** |
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**VOCA-FUNDED STAFF**

**Staff – Identify every staff position that will be supported with these funds.**

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| --- | --- | --- |
| **CURRENT STAFF** | | |
| **Title** | **Name** | **Funded**  **FTE** |
| *Counselor* | *Phyllis Smith* | *.50* |
| *Advocate* | *Norma Jones* | *1.00* |
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