



# FY24 ICDVVA Grant Application

## PART I. Organization Overview

Date of Application \_\_\_\_\_ SAM UEI Number \_\_\_\_\_  
Organization \_\_\_\_\_ Federal Tax ID (EIN) \_\_\_\_\_

### A. Organization Structure

- |                                    |  |                                       |
|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> University or College | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> City      | <input type="checkbox"/> Hospital              |                                       |
| <input type="checkbox"/> County    | <input type="checkbox"/> Tribe                 |                                       |

### B. Focus of Organization

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Child Abuse Service Organization      | <input type="checkbox"/> Organization provides Domestic/Family Violence and Sexual Assault Services | <input type="checkbox"/> Sexual Assault Service Organization |
| <input type="checkbox"/> Domestic/Family Violence Organization | <input type="checkbox"/> Organization for Underserved Victims of Crime (see definition on pg. 13)   | <input type="checkbox"/> Multiservice Agency                 |
| <input type="checkbox"/> Faith-Based Organization              |   | <input type="checkbox"/> Other: _____                        |

### C. Primary Purpose of Organization/Mission Statement

Please describe the primary focus of your organization and provide your mission statement.

## D. Contact Information

Organization Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If not provided in the past, or the information has changed, please provide the social media information below:

Website \_\_\_\_\_

Facebook \_\_\_\_\_

Twitter \_\_\_\_\_

Instagram \_\_\_\_\_

Other \_\_\_\_\_

Executive Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Director (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fiscal Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Board Chair: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Data Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## E. Funding Status

- ☐ My organization is currently funded by ICDVVA
- ☐ My organization is not currently funded by ICDVVA

## F. Program Duration

How many years has your program been in operation? \_\_\_\_\_

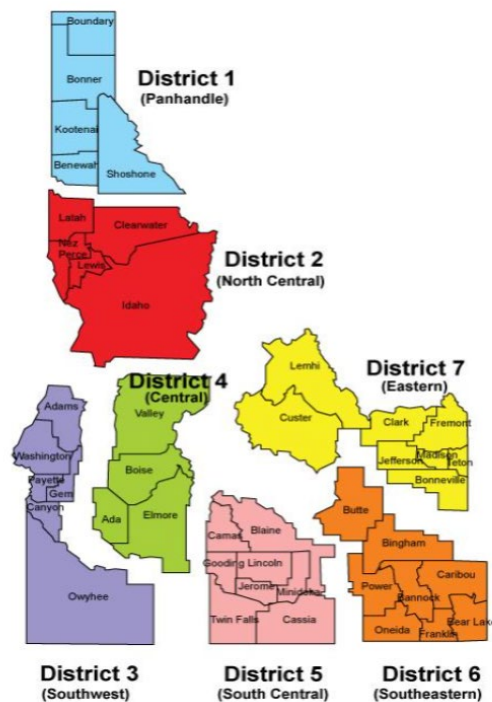
## G. Public Health Regions

Where will ICDVVA requested funding be providing services?

- ☐ Statewide (100%)

OR:

- ☐ Region 1 \_\_\_\_\_%
- ☐ Region 2 \_\_\_\_\_%
- ☐ Region 3 \_\_\_\_\_%
- ☐ Region 4 \_\_\_\_\_%
- ☐ Region 5 \_\_\_\_\_%
- ☐ Region 6 \_\_\_\_\_%
- ☐ Region 7 \_\_\_\_\_%



## H. Counties Served

Indicate the Counties you will serve with ICDVVA funds below. Select the Statewide choice if applicable.

☐ Statewide

☐ Ada

☐ Adams

☐ Bannock

☐ Bear Lake

☐ Benewah

☐ Bingham

☐ Blaine

☐ Boise

☐ Bonner

☐ Bonneville

☐ Boundary

☐ Butte

☐ Camas

☐ Canyon

☐ Caribou

☐ Cassia

☐ Clark

☐ Clearwater

☐ Custer

☐ Elmore

☐ Franklin

☐ Fremont

☐ Gem

☐ Gooding

☐ Idaho

☐ Jefferson

☐ Jerome

☐ Kootenai

☐ Latah

☐ Lemhi

☐ Lewis

☐ Lincoln

☐ Madison

☐ Minidoka

☐ Nez Perce

☐ Oneida

☐ Owyhee

☐ Payette

☐ Power

☐ Shoshone

☐ Teton

☐ Twin Falls

☐ Valley

☐ Washington

## PART II. Funding Request Summary

### A. Purpose of Request

Briefly describe the project/purpose for which you are requesting ICDVVA funding. Be specific regarding how ICDVVA funds will be utilized, especially if your organization provides other services that ICDVVA will not be funding.

## B. Funds Requested

1. Please indicate the specific funds requested from ICDVVA. For any funding stream you are not requesting, you may leave that box blank. Please note that the FVPSA-SA and FVPSA-TVMH ARPA funding streams can only fund items that tie somehow to COVID-19 preparation, prevention, or response. (Allowable FVPSA/TVMH uses are listed on our website [here](#).) ICDVVA reserves the right to adjust among requested funding sources as necessary.

**VOCA and/or State Bridge Funding Request** \_\_\_\_\_

**FVPSA Request** \_\_\_\_\_

**State DV Request** \_\_\_\_\_

**FVPSA ARPA-SA (Sexual Assault)** \_\_\_\_\_

**FVPSA ARPA-TVMH (Testing, Vaccines, and Mobile Health)** \_\_\_\_\_

**TOTAL Request** \_\_\_\_\_

2. If the funding source(s) you have requested is not available, would you like ICDVVA to consider filling your request with other funding? ☐ Yes ☐ No
3. Does your FY24 request represent an increase or decrease from your FY23 funding from ICDVVA? Please explain the reason for any increase or decrease. Due to limited funds, **any increase** will need to have exceptional justification provided in order to be considered. Note that staff wage increases may be requested if justification is provided. (Refer to the ICDVVA FY23 Compensation Summary or other data as appropriate.)  
☐ Increase ☐ Decrease ☐ Same
4. What percentage of your total project budget (from Oct. 1, 2023–Sept. 30, 2024) will be funded by ICDVVA if your FY24 request is awarded in full?  
\_\_\_\_\_%
5. What percentage of your total project budget was funded by ICDVVA for the FY23 grant year (Oct. 1, 2022 – Sept. 30, 2023)?  
\_\_\_\_\_%

6. Please explain any increase or decrease from your prior year's percentage dependence on ICDVVA funds.

☐ Increase

☐ Decrease

☐ Same

7. With federal funds in decline, we will not be able to fully fund every request. Please explain the likely result of your request being denied or significantly reduced and provide data to support your answer.

8. Please describe how you ensure your services are trauma-informed.



9. Please BRIEFLY describe how your project will advance one or more of the four main goals in ICDVVA's 2023 Strategic Plan. The Plan is available on our [website](#). Please reference the specific Strategic Plan goal(s) and /or task(s) number in your answer.

## PART III. Victim Services & Demand

### A. Services Provided

Indicate the primary types of services your program provides. Select all that apply.

- Checking the first checkbox indicates that you provide the service listed.
- Checking the second checkbox indicates that you are the only program in your region who provides the service listed (to the best of your knowledge).

#### 1. Information and Referral

Information about the criminal justice system process

Information about victim rights, and/or how to obtain notifications

Referral to other victim service programs

Referral to other service types, other supports, and/or resources

#### 2. Personal Advocacy/Accompaniment

Immigration assistance

Individual advocacy

Interpreter services

Intervention with employer, creditor, landlord, or academic institution

Performance of medical or non-medical forensic exam or interview or medical evidence collection

Law enforcement interview advocacy/accompaniment

Transportation assistance

Victim advocacy/accompaniment to emergency medical care

Victim advocacy/accompaniment to medical forensic exam

#### 3. Emotional Support or Safety Services

Crisis intervention

Emergency financial assistance

Hotline or crisis line counseling

Individual counseling

On-scene crisis response

Other therapy

Support group(s)

#### 4. Shelter/Housing Services

Emergency shelter or safe house

Relocation assistance

Transitional housing

#### 5. Criminal/Civil Justice System Assistance

Assistance with restitution

Civil legal assistance in obtaining a protection or restraining order

Civil legal assistance with family law issues

Criminal advocacy/accompaniment

Immigration assistance

Notification of criminal justice events

Other legal advice or counseling

Law enforcement interview advocacy/accompaniment

Prosecution interview advocacy/accompaniment

Victim impact statement assistance

#### 6. Prevention

Child Abuse Prevention Activities

Domestic Violence Prevention Activities

Teen Dating Violence Prevention Activities

Sexual Assault Prevention Activities

Elder Abuse Prevention Activities

#### 7. Other

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## B. Priority Categories for ICDVVA Funding

1. Which of the following populations are served by your program? Estimate the percentage of victims you serve from each category. Select all that apply.

☐ Domestic Violence \_\_\_\_\_%

☐ Sexual Assault \_\_\_\_\_%

☐ Child Abuse \_\_\_\_\_%

☐ Underserved\* \_\_\_\_\_%

What underserved population(s)? \_\_\_\_\_

***\*See underserved definition below***

☐ Other \_\_\_\_\_%

***\*Note: total of these percentages cannot exceed 100% - please do not double count any victims.***

***Underserved takes priority over all other categories. Child Abuse takes priority over DV/SA categories.***

***Spousal Sexual Assault would be counted under Domestic Violence.*** Total \_\_\_\_\_%

*FY24 ICDVVA Underserved definition:*

Underserved populations are those who face additional barriers and challenges accessing victim services.

Such barriers and challenges can include race, ethnicity (including indigenous peoples), religion, sexual orientation, gender identity, special needs (including language barriers or physical, developmental, and/or intellectual disabilities), blindness/low vision, deafness/difficulty hearing, national origin, immigration status, senior age, and living in a rural area as defined by Center for Medicare and Medicaid Services (CMS)([CMS- Am I Rural](#)-RHC Program).

2. If you indicated that your program will serve underserved victims of crime (according to the FY24 Underserved definition above) with ICDVVA funds please provide data that supports your response.

3. Please provide the total number of victims served by your program (supported by ICDVVA funding) in the first 12 months of FY22 (July 1, 2021 - June 30, 2022). \_\_\_\_\_

4. Are there unmet victim service needs in your community? If yes, please provide details and data to support your answer including what needs are currently not being met and what specific challenges your agency and victims in your area face.

5. Does demand for service currently exceed capacity in your organization? If so, please provide details to support your answer, including specific data about numbers of clients served, staff hours, waitlist numbers, or other relevant data points.

## PART IV. Program Operations

### A. Staff and Volunteers

#### **FY23 Staff (October 1, 2022 – September 30, 2023)**

How many total employees does your organization have in FY23? (include both employees funded by ICDVVA and those not funded by ICDVVA): \_\_\_\_\_

How many employees are funded (in whole or in part) by ICDVVA in the current grant year, FY23?

# Full time employees \_\_\_\_\_ # Part time employees: \_\_\_\_\_

Total: \_\_\_\_\_

#### **Proposed FY24 Staff (October 1, 2023 – September 30, 2024)**

How many total employees will your organization have in FY24? (include both employees funded by ICDVVA and those not funded by ICDVVA): \_\_\_\_\_

How many employees are funded (in whole or in part) by ICDVVA in the current grant year, FY24?

# Full time employees \_\_\_\_\_ # Part time employees: \_\_\_\_\_

Total: \_\_\_\_\_

1. Describe and explain any turnover in your program's leadership and/or or grant-funded staff positions in the last 12 months.



2. Please explain the reason for any change between FY23 and FY24 program staffing levels.

3. Does your agency have a succession plan?

☐ Yes ☐ No

4. If yes, please describe your succession plan briefly:

5. Describe your organization's use of volunteers to support your ICDVVA-funded program: how many do you use, what kinds of tasks do they perform, about how many hours per week are they volunteering? If you do not use volunteers, explain why not. (Volunteer Waiver form is required if volunteers are not used.)

## B. Collaboration

1. Which of the following do you collaborate with in your region?

- ☐ CASA Program
- ☐ Child Advocacy Center (CAC); Which one(s)? \_\_\_\_\_
- ☐ Dept. of Health and Welfare; Which dept(s)? \_\_\_\_\_
- ☐ Hospitals/SANE nurses
- ☐ Local Law Enforcement; Which agencies? \_\_\_\_\_
- ☐ Multi-Disciplinary Teams; List: \_\_\_\_\_
- ☐ Offender Intervention Programs
- ☐ Other Victim Service Agencies; Which one(s)? \_\_\_\_\_  
\_\_\_\_\_
- ☐ Prosecutors; Who? \_\_\_\_\_
- ☐ Public Schools
- ☐ Colleges/Universities
- ☐ Regional Housing Coalition
- ☐ Victim Witness Coordinators
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

## PART V. Finances

### A. Fiscal Management

1. **New applicants only:** Briefly describe the management structure of your organization, who holds responsibility for grant administration, and your organization's experience with federal grants.

**Currently funded organizations:** please describe any changes to your grant administration.

2. When was your organization's most recent audit or financial review? \_\_\_\_\_

3. Does your agency expend \$750,000 or more in federal awards in your agency's fiscal year? If yes, you must have a single audit conducted in accordance with 2 CFR § 200.514.

☐ Yes

☐ No

- a. If yes, have you uploaded your most recent single audit to the clearinghouse?

☐ Yes

☐ No

4. Describe your agency's auditing/Financial Review procedures and any open audit findings.

5. For line items which you indicated are new or expanded services (by checking columns J or K on the Budget Worksheet), provide data to support and describe the need for these additional services.

## B. Funding and Support

1. Describe fundraising activities undertaken during the past twelve months. How much was raised compared to your fundraising goal?

2. Describe anticipated fundraising activities for the FY24 grant year, including your fundraising goal.



## Appendix A: VOCA VOLUNTEER WAIVER REQUEST

An exemption to the volunteer requirement may be requested if the following criteria are met:

1. A compelling reason not to use volunteers exists;
2. A remedy that will allow the program to utilize volunteers; and
3. The ICDVVA has approved the request and has issued a waiver

A compelling reason may be a statutory or contractual provision concerning liability or confidentiality of counselor/victim information, which bars using volunteers for certain positions. A compelling reason may be the inability to recruit and maintain volunteers after a sustained and determined effort. Include in your description what methods your program will use to create an opportunity to utilize volunteers in the future. The waiver must have the approval of the ICDVVA. In the section below, describe the basis for your waiver and your proposal for future volunteers.

Basis of Waiver Request: (attach additional pages, if necessary.)

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

☐ Approved    ☐ Denied

\_\_\_\_\_

Date \_\_\_\_\_

ICDVVA Executive Director

## Appendix B: Signing Page for Acceptance of Assurances and Certifications Parts 1-5

By signing and submitting this page, the applicant/grantee certifies that it will comply with the requirements of all Certifications and Assurances in Parts 1-5 of this Appendix B.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Appendix B, Part 1

### CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act) requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18 if the services are funded by Federal programs either directly or through State or local governments, by Federal Grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this application, the applicant/grantee certifies that it will comply with the requirements of the Act. The applicant/grantee further agrees that it will require the language of this certification be included in any sub-awards which contain provisions for the children's services and that all Subgrantees shall certify accordingly.

## Appendix B, Part 2

### ASSURANCES

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements – 28 CFR, Part 66, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project. Also the applicant assures and certifies:

1. It will comply with ICDVVA program service standards. It will maintain detailed records on all grant-funded projects, which indicate the date, time and nature of services delivered under the grant award. Subrecipients will be required to collect data for all projects and submit that data to ICDVVA as required. Subrecipients providing direct services will be required to collect and submit data for all program participants.
2. It will abide by all State laws, rules, regulations, and executive orders of the Governor of the State of Idaho, pertaining to equal opportunity. Pursuant to all such laws, rules, regulations, and executive orders, the Applicant assures ICDVVA that no person in the State of Idaho shall, on the grounds of race, color, religion, sex, national origin, age, or disability, be excluded from employment with or participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity performed under a grant award(s) entered into pursuant to this Grant Application.
3. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
4. It assures the following:
  - I have read 28 CFR Part 38 ([found here](#)).
  - Based upon that information (choose one):
    - ☐ Our organization does not classify itself as a faith-based organization.
    - ☐ Our organization does classify itself as a faith-based organization and agrees to comply with the regulations outlined in 28 CFR Part 38 and have all applicable staff fully informed of and trained on those policies and regulations.
5. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
6. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity

financed in whole or in part by Federal grants. (5 USC1501,et seq.) It will not conduct lobbying activities using grant funds.

7. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act, if applicable.
8. It will give the ICDVVA or Federal funding entity, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant with all personally identifying information redacted.
9. It will comply with all requirements imposed by the Federal sponsoring agency concerning special requirements of law, program requirements, and other administrative requirements.
10. It assures it has read and understood the statement below and understands that federal grant funds, if awarded, will not be used to supplant expenditures from other Federal, State, or local sources:

*Federal grant funds must be used to supplement existing State and local funds for program activities and must not supplant (replace) those funds that have been appropriated for the same purpose.*

11. It will comply with any applicable federal nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (Safe Streets Act) (42 U.S.C. § 3789d(c)(1)); the Victims of Crime Act (42 U.S.C. § 10604(e)); the Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000d); the Rehabilitation Act of 1973 (29 U.S.C. § 794); the Americans with Disabilities Act of 1990 (42 U.S.C. §§ 12131-34); the Education Amendments of 1972 (20 U.S.C. §§ 1681, 1683, 1865-86); the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Exec. Order No. 13279 (equal protection of the laws for faith-based and community organizations); Exec. Order No. 13559 (fundamental principles and policymaking criteria for partnerships with faith-based and other neighborhood organizations); 28 C.F.R. pt. 38 (U.S. Department of Justice Regulation – Equal Treatment for Faith-Based Organizations); and 42 U.S. C. 10406(c)(2)0 (FVPSA Regulation- Prohibition on discrimination on basis of sex, religion).
12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient, will forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs.
13. Consistent with federal civil rights laws, the subrecipient shall not retaliate against persons for taking action or participating in action to secure rights protected by these laws.

*The above assurances will be effective at the time a Grant Award Agreement is signed between the Subrecipient and the Department of Health and Welfare and will remain in effect for the grant term for which funding is being sought.*

## Appendix B, Part 3

### CERTIFICATIONS REGARDING LOBBYING; DEBARMENT; SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Acceptance of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," 2 CFR Part 2867, "DOJ Implementation of OMB Guidance on Nonprocurement Debarment and Suspension," and 28 CFR Part 83, "Government-wide Debarment and Suspension," and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

1. **LOBBYING** As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:
  - (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making
  - (a) of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
  - (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;
  - (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.
2. **DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)** Pursuant to Executive Order 12549, Debarment and Suspension, implemented at 2 CFR Part 2867, for prospective participants in primary covered transactions, as defined at 2 CFR Section 2867.20(a), and other requirements:

A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Have not within a two-year period preceding this application been convicted of a felony criminal violation under any Federal law, unless such felony criminal conviction has been disclosed in writing to the Office of Justice Programs (OJP) at [Ojpcompliancereporting@usdoj.gov](mailto:Ojpcompliancereporting@usdoj.gov), and, after such disclosure, the applicant has received a specific written determination from OJP that neither suspension nor debarment of the applicant is necessary to protect the interests of the Government in this case.
- (d) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (e) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. FEDERAL TAXES**

- A. If the applicant is a corporation, the applicant certifies that either (1) the corporation has no unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, or (2) the corporation has provided written notice of such an unpaid tax liability (or liabilities) to OJP at [Ojpcompliancereporting@usdoj.gov](mailto:Ojpcompliancereporting@usdoj.gov), and, after such disclosure, the applicant has received a specific written determination from OJP that neither suspension nor debarment of the applicant is necessary to protect the interests of the Government in this case.
- B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

#### 4. **DRUG-FREE WORKPLACE** (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 83, Subpart F, for grantees, as defined at 28 CFR Sections 83.620 and 83.650, the applicant certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug-free awareness program to inform employees about
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 810 7th Street, N.W., Washington, D.C. 20531. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or



- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

## Appendix B, Part 4

### ICDVVA OWNERSHIP AND INVESTMENT POLICY

#### C. Investment Prohibition

The ICDVVA follows the Office for Victims of Crime and prohibits grant recipients from investing grant funds. Noncompliance with this or other grant conditions can result in losing grant funds and can jeopardize future grant funding.

#### D. Rental Costs and Ownership Interests

The ICDVVA follows the Office for Victims of Crime and allows grantees to charge for the cost of rental space unless the building is owned by the grantee or if the grantee has a substantial financial interest in the property. The ICDVVA prohibits the use of its funds for costs of liability insurance on buildings, capital improvements, security, bodyguards, property losses and expenses, real estate purchases, mortgage payments and construction.

If you own the building, the cost of ownership is allowable, but limited, and may include the actual cost of operations and/or maintenance. No costs may be included for purchases or construction that was originally financed by the Federal Government. Costs of utilities, janitorial service, upkeep, normal repairs and maintenance are allowable if the ICDVVA approves the cost. If you rent the building, similar costs may not be charged elsewhere, if they are included in the rental charge.

Final determinations of allowable costs are at the discretion of the ICDVVA.

## Appendix B, Part 5

### LIMITED ENGLISH PROFICIENCY (LEP) AND LGBTQ MEANINGFUL ACCESS AND NON-DISCRIMINATION

I hereby attest and certify to the Idaho Council on Domestic Violence & Victim Assistance that:

- Our program will ensure that individuals and/or their children who are impacted by or experience gender based violence or other victimization specific to the mission of the program will have meaningful access to the full range of services offered without discrimination and regardless of an individual's actual or perceived race, ethnicity, gender identity, or sexual orientation, or other protected categories under federal, state, and local anti-discrimination and/or civil rights laws;
- Our program has adopted the model Limited English Proficiency and LGBTQ policies, located on the ICDVVA website ([www.icdv.idaho.gov](http://www.icdv.idaho.gov)), or has our own similar comprehensive policies, that promote meaningful language access and inclusivity and prohibit discrimination based on a program participant's actual or perceived race, ethnicity, gender identity or sexual orientation, or other protected category;
- Our program will fully implement and enforce the Limited English Proficiency and LGBTQ policies;
- Our program has in place, and follows, a procedure for filing complaints about incidents of intentional or unintentional discrimination, harassment, or any other unallowable conduct by a staff, board, or volunteer based on a person's actual or perceived gender identity or sexual orientation, race or ethnicity, or other protected category under federal, state, and local anti-discrimination and/or civil rights laws; and
- Our program will provide all services without requiring any documentation of immigration status.
- Grant funds made available under this program by the state will not be used as direct payment to any victim of family violence, domestic violence, or dating violence, or to any dependent of such victim (42 U.S.C. 10408(d)(1)).
- No income eligibility standard will be imposed on individuals with respect to eligibility for assistance or services supported with funds appropriated to carry out the FVPSA (42 U.S. C. 10406(c)(3)).
- No fees will be levied for assistance or services provided with funds appropriated to carry out the FVPSA (42 U.S.C. 10406(c)(3)).
- The address or location of any shelter or facility assisted under the FVPSA that otherwise maintains a confidential location will not be made public, except with written authorization of the person or persons responsible for the operation of such shelter (42 U.S. C. 10406(c)(5)(H)). Shelters that choose to remain confidential must develop and maintain systems and protocols to remain secure and must include policies to respond to disruptive or dangerous contact from abusers (45 CFR 1370.4(g)(1)).

- The applicant has established policies, procedures, and protocols to ensure compliance, including by sub-recipients, with the provisions of 42 U.S.C. § 10406(c)(5) regarding non-disclosure of confidential or private information (42 U.S.C. 10407(a)(2)(A)).
- Pursuant to 42 U.S.C. § 10406(c)(5), the applicant will comply with requirements to ensure the non-disclosure of confidential or private information, including, but not limited to, the following: a) recipients will not disclose any PII collected in connection with services requested (including services used or denied), through recipient's funded activities, and
- recipients will not reveal PII without informed, written, reasonably time-limited consent by the person about whom information is sought, whether for the FVPSA-funded activities or any other federal or state program and in accordance with 42 U.S.C. § 10406(c)(5)(B)(ii); b) recipients will not release information compelled by statutory or court order unless adhering to the requirements of 42 U.S.C. § 10406(c)(5)(C); and c) recipients may share non-PII in the aggregate for the purposes enunciated in 42 U.S.C. § 10406(c)(5)(D)(i), as well as for other purposes found in 42 U.S.C. § 10406(c)(5)(D)(ii) and (iii).
- The applicant will ensure that it and its sub-recipients will not discriminate on the basis of age, sex, disability, race, color, national origin, or religion (42 U.S.C. 10406(c)(2)). No person, on the ground of actual or perceived sex, including gender identity, shall be excluded from participation in, be denied the benefits of, or be subject to discrimination under, any program or activity funded in whole or in part through FVPSA (45 CFR 1370.5(a)). No person, on the ground of actual or perceived sexual orientation, shall be excluded from participation in, be denied the benefits of, or be subject to discrimination under, any program or activity funded in whole or in part through FVPSA (45 CFR § 1370.5(c)).
- The applicant shall use FVPSA funds to supplement and not supplant other federal, state, and local public funds expended to provide services and activities that promote the objectives of the FVPSA (42 U.S.C. 10406(c)(6)).
- The receipt of supportive services under the FVPSA will be voluntary. No condition will be applied for the receipt of emergency shelter as described in 42 U.S.C. § 10408(d)(2) and 45 CFR § 1370.10(b)(10).

## Appendix C

### NONPROFIT STATUS AND FINANCIAL ACCESS

Select one of the following and sign below.

☐ I hereby attest and certify to the Idaho Council on Domestic Violence & Victim Assistance that:

- Our program is a nonprofit organization. On file and available upon audit is 1) a copy of the recipient's 501(c)(3) designation letter; 2) a letter from the recipient's state/territory taxing body or state/territory attorney general stating that the recipient is a non-profit organization operating within the state/territory; or 3) a copy of the recipient's state/territory certificate of incorporation that substantiates its non-profit status. Sub-recipients that are local non-profit affiliates of state/territory or national non-profits should have available proof of (1), (2) or (3), and a statement by the state/territory or national parent organization that the recipient is a local non-profit affiliate.
- Our program's financial statements are available online (either on the subrecipient's, or another publicly available website). OVC will consider subrecipient organizations that have Federal 501(c)(3) tax status as in compliance with this requirement, with no further action needed, to the extent that such organization files IRS Form 990 or similar tax document (e.g., 990-EZ), as several.

**OR**

☐ Program is not a nonprofit organization.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_