

# **Idaho Council on Domestic Violence and Victim Assistance**

## **Victims of Crime Act (VOCA), Family Violence Prevention and Services Act (FVPSA), and Idaho State Domestic Violence Project**

### **Grant Announcement and Detailed Application Instructions**



**State Fiscal Year 2021**

**(July 1, 2020 – June 30, 2021)**

**Proposals due: April 3, 2020**

*Applicants assume all costs associated with the preparation of this grant application.*

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## Executive Summary

<b>Application Release Date:</b>	February 11, 2020
<b>Due Date for Applications:</b>	<b>April 3, 2020, 5:00 p.m. (MST)</b>
<b>Funding Opportunity Title:</b>	OVC FY18 VOCA Victim Assistance (2018-V2-GX-0002) CFDA 16.575
<b>Description:</b>	This funding is to be used by eligible applicants to support the provision of direct services to victims of crime.
<b>Anticipated Total Available Funding:</b>	SFY 2021: \$13,775,400 SFY 2022: \$11,804,131
<b>Estimated Number of Awards:</b>	50
<b>Funding Opportunity Title:</b>	Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services/Grants to States HHS-2018-ACF-ACYF-FVPS-1346 CFDA: 93.671
<b>Description:</b>	This funding is to be used by eligible applicants to prevent incidents of family violence, domestic violence, and dating violence; to provide immediate shelter, supportive services, and access to community-based programs for victims of family violence, domestic violence, or dating violence, and their dependents; and to provide specialized services for children exposed to family violence, domestic violence, or dating violence, including victims who are members of underserved populations.
<b>Anticipated Total Available Funding:</b>	\$930,000
<b>Estimated Number of Awards:</b>	30
<b>Funding Opportunity Title:</b>	State Domestic Violence Project
<b>Description:</b>	Provides funding for projects for the purpose of aiding victims of domestic violence and other crimes.
<b>Anticipated Total Available Funding:</b>	\$171,800
<b>Estimated Number of Awards:</b>	25
<b>Submit Questions to:</b>	
Amy Duque, Grant Manager Regions 1, 2, 3, 4 <a href="mailto:amy.duque@icdv.idaho.gov">amy.duque@icdv.idaho.gov</a> 208-332-1541	Dana Wiemiller, Grant Manager Regions 5, 6, 7 <a href="mailto:dana.wiemiller@icdv.idaho.gov">dana.wiemiller@icdv.idaho.gov</a> 208-332-1545

## PART I. GRANT ANNOUNCEMENT

### I. FUNDING OPPORTUNITY DESCRIPTION

#### A. Purpose

As the State Administering Agency for Victims of Crime Act (VOCA), Family Violence Prevention and Safety Act (FVPSA), and the State of Idaho Domestic Violence Project Account (DV Account) funds, ICDVVA provides financial and programmatic management of your VOCA, FVPSA, and DV Account subawards. ICDVVA produces Requests for Proposal (RFPs) each year, collects and reviews applications, and makes award recommendations to the governing Council. Upon the Council's approval, ICDVVA is also responsible for opening and closing each subaward in accordance with federal guidelines. To ensure continuity of funds and victim service provision, the stages in the process overlap with each grant year. Usually, applications are collected, reviewed, and approved from February–May so that awards can be issued and activated when the state of Idaho fiscal year begins, July 1<sup>st</sup>.

Applicants may apply for one, two, or all three funding streams, depending on eligibility.

#### B. Expectations

ICDVVA requires programs to use funding to address the immediate health and safety of crime victims. Examples of services include (but are not limited to) crisis intervention, crisis hotlines, shelters, advocacy, and emergency services that are intended to restore the victim's sense of security.

Applicants are expected to:

- Meet requirements specified by ICDVVA
- Use funds to provide or improve services to victims of crimes
- **Collaborate** within the community to provide victim services, including collaborating with other victim service programs, law enforcement, healthcare, and the criminal justice system.
- **Participate in Quarterly Data Collection.** All subgrantees are required to collect and report program required data quarterly to ICDVVA, so that ICDVVA can meet its obligations under the Federal VOCA and FVPSA requirements.
- **Submit Quarterly Financial Reports.** All subgrantees are required to submit quarterly financial reports to ICDVVA.

### II. AWARD INFORMATION

VOCA, FVPSA, and DV Account grant awards will be awarded to subrecipients in 3-year cycles. Funding is dependent upon allocation by the Idaho Legislature. Funding amounts are determined by the federal funder and may vary annually. Subrecipients receiving a 3-year award from ICDVVA will be required to submit a continuation application annually, if the program is in good standing with ICDVVA.

### III. ELIGIBILITY INFORMATION

#### A. Eligible Applicants

This funding announcement is open to both new applicants and existing VOCA, FVPSA and DV Account subrecipients. Eligible applicants must be programs operated by a public, tribal, or nonprofit organization, or a combination of such organizations, and provide direct services to crime victims. Applicants must meet all of the following requirements:

a. Type of organization:

i. Victim service organization whose principle mission is to provide services to crime victims; or

ii. A public or non-profit organization that has a component whose principle mission is to provide services to crime victims. These organizations are eligible if the funds are used to expand or enhance the delivery of crime victim services.

A “component” is defined as follows: a specific program within the organizational framework of an agency, whose principal purpose is to provide direct services to victims of crime. The program is under the administrative structure of an established organization and the program’s goals and objectives reflect how it expands or enhances services to victims of crime.

b. Have a record of providing direct services to crime victims in a cost-effective manner.

c. Use volunteers unless they can provide a compelling reason for a waiver and have a waiver granted by ICDVVA.

d. Offer services to victims free of charge.

e. Assist victims in applying for victims’ compensation.

f. Must be able to demonstrate collaboration within the community.

h. Applicants must be in good standing with ICDVVA in order to be eligible for these funds.

i. New applicants are required to demonstrate that they have a record of providing effective direct services to crime victims and have other sources of financial support. If you are a new entity that does not have a history of providing services to crime victims you must be able to demonstrate substantial support from other sources, as defined by the federal guidelines. Please note: This is not the same as the 20% cash or in-kind match.

k. All applicants must comply with federal civil rights law which prohibits discrimination on the basis of disability and national origin. This includes taking reasonable steps to ensure that persons with limited English proficiency have meaningful access to the programs and activities.

l. A religiously affiliated organization must ensure that services are offered to all crime victims without regard to religious affiliation and that the receipt of services is not contingent upon participation in a religious activity or event.

m. Provide services to victims of federal crimes on the same basis as victims of state crimes.

n. Maintain confidentiality of clients as outlined in federal statutes.

## **B. Match Requirements**

Match is required for all three funding sources\*. For VOCA and FVPSA an 80/20 match is required, and DV Account subawards require a 25% match. Match may be cash or in-kind. Refer to the [Grant Administration Manual](#) for additional details regarding match calculations.

## **C. Volunteer Requirements**

Subgrantees are required to use volunteers\*, unless compelling reasons exist to waive this requirement. The program must submit the request for a waiver in writing. This request must have written approval from ICDVVA.

## **IV. APPLICATION AND SUBMISSION INFORMATION**

The application can be found online at: [icdv.idaho.gov](http://icdv.idaho.gov)

**IMPORTANT:** The application uses content controls (e.g., check boxes) that may not be compatible with older versions of Microsoft Office. Microsoft Word 2010 for PC (or 2011 for Mac) or newer is recommended to complete the application.

Submission must include:

- Completed Application
- Detailed Budget Worksheet
- Volunteer Statement
- Signed Certificate Regarding Environmental Tobacco Smoke
- Assurances
- Certificate Regarding Debarment, Suspension, and other Responsibility Matters; and Drug-Free Workplace Requirements
- Ownership and Investment Policy
- Limited English Proficiency
- Nonprofit Status and Financial Access
- Certificate of Liability Insurance
- Certificate of Professional Liability Insurance
- Certificate of Workers' Compensation Insurance
- Three Letters of Support

**Applications that do not include these required forms will be screened out and will not be reviewed.**

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\* Exception: Victim services provided by federally recognized tribes or on tribal reservations do not have to meet these requirements.

**Applications are due by 5:00 PM (MST) on April 3, 2020.**

**Your application must be submitted electronically by email at [info@icdv.idaho.gov](mailto:info@icdv.idaho.gov).**

## **V. APPLICATION REVIEW INFORMATION**

### **A. Review and Selection Process**

ICDVVA staff will review the applications for completeness and forward the applications to the grant reviewers for their evaluation.

Applications will be evaluated based on the application components described in Part II of this document.

- ICDVVA Council members and employees will review and score each application.
- Each section of the application will be scored. Make sure to follow the instructions provided in Part II of this document. Applications that do not provide the appropriate/requested information for each item will be scored lower than those that follow the detailed instructions.
- If an applicant is not awarded, that applicant can request a summary of the review.

### **B. Award Notices**

ICDVVA will determine the allocation of awards. The results will be distributed to grantees within seven days via email and on ICDVVA's website. You will also be notified by mail of the grant award. If you accept the grant award, you will be asked to sign a contract and the contract will then be submitted to the Department of Health and Welfare for processing. Upon acceptance of the terms and conditions of the award by both parties, final processing of the contract will occur.

**The schedule for the SFY2021 Grant Application process is as follows:**

<u><b>Action</b></u>	<u><b>Date</b></u>
1. Application Released	February 11, 2020
2. Application Due	April 3, 2020
3. Application Review	April 6 – May 1, 2020
4. Award Determination	May 8, 2020
5. Grant Recipients Notified	May 15, 2020
6. Grant Awards Finalized	July 1, 2020
7. Grant Award Period	July 1, 2020 – June 30, 2021

***Grant awards are contingent upon funds appropriated by federal funding agencies and the Idaho Legislature.***

## **PART II. DETAILED APPLICATION INSTRUCTIONS**

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### **ALL APPLICATIONS WILL BE DIVIDED INTO THREE COMPONENTS**

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#### **COMPONENT A. APPLICATION**

- I.** Cover Sheet
- II.** Introduction
- III.** Services
- IV.** Collaboration & Community Support
- V.** Staff & Volunteers
- VI.** Funding & Support
- VII.** Fiscal Management

#### **COMPONENT B. DETAILED BUDGET WORKSHEET**

#### **COMPONENT C. PROGRAM ADMINISTRATOR ASSURANCES & AUXILIARY FORMS**

- I.** Volunteer Statement
- II.** Signed Certificate Regarding Environmental Tobacco Smoke
- III.** Assurances
- IV.** Certificate Regarding Debarment, Suspension, and other Responsibility Matters; and Drug-Free Workplace Requirements
- V.** Ownership and Investment Policy
- VI.** Limited English Proficiency
- VII.** Nonprofit Status and Financial Access
- VIII.** Certificate of Liability Insurance
- IX.** Certificate of Professional Liability Insurance
- X.** Certificate of Workers' Compensation Insurance
- XI.** Three Letters of Support

Completed applications will be evaluated on the quality of the information provided in each section. Applications will be considered based on the program's direct service experience, fit with the Council's strategic plan, administrative costs, and overall quality of direct services for survivors of crime. Special consideration may be given to underserved communities and identified target populations with special needs.



## **COMPONENT A. APPLICATION**

### **I. COVER SHEET**

Fill in the cover sheet as requested responding to prompts for the following information. Missing or blank information will be considered incomplete.

- a. Date of Application
- b. Name of Organization
- c. Organization DUNS #
- d. Organization Federal Tax ID #
- e. Type of Organization
- f. Organization Physical Address
- g. Organization Mailing Address
- h. Organization Web Address and Social Media Links
- i. Public Health District Region
- j. Executive Director Information
- k. Project Director Information
- l. Fiscal Officer Information
- m. Board President Information
- n. Funding Summary

### **II. INTRODUCTION**

This section introduces your organization/program and the project(s) for which you are requesting funds. Make sure to include the appropriate information for each of the five prompts.

#### **a. Program Mission Statement**

Include a copy of your program's mission statement. Mission statements are typically 250 words or less.

#### **b. Annual Planning**

Your annual plan is a brief summary of your organization's annual planning process and/or strategies to meet the needs of victims in your community. Your summary should indicate the efforts planned that are expected to result in high quality outcomes. This is NOT a strategic plan.

#### **c. Purpose of Request**

Provide a description of the project(s) for which you are requesting funding. This description should be specific and concise. This is NOT a place to reiterate your program's mission or purpose, but rather should focus exclusively on the reason for your funding request. You do not have to include the goals of the project in this section, as goals are addressed in the next item. If you are requesting funding from more than one funding source, a project purpose should be included for each funding source. This statement should be approximately 250–500 words. Organizations implementing more than one project and/or requesting funds from more than one funding stream are still expected to stay within the suggested word count.

**d. Goals/Objectives Current**

State the specific goals that the proposed project will accomplish. You should aim to provide 2–3 goals per project/funding source. For **each** goal include the following information:

1. Identify the goal. For example: Provide clients with mental health services
2. Develop **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-bound (SMART) objectives for each goal. For example:  
Objective 1: By September 30, 2020, our agency will have identified two new mental health providers to provide services to our clients.  
Objective 2: By October 31, 2020, contracts between our agency and the mental health providers will be developed and fully executed to begin providing services to clients.  
Objective 3: By June 30, 2021, our agency will increase the number of clients needing mental health services by 25%, as measured by client intake forms.

**e. Goals/Objectives Progress**

If you received funding from the Council last year (July 1, 2018- June 30, 2019), provide that year's goals/objectives and indicate:

1. Activities engaged in for each goal, and
2. Progress made for each goal. If you did NOT receive funding from ICDVVA last year please indicate "Not Applicable."

**III. SERVICES**

**a. Counties that Your Organization Serves**

Indicate the counties your organization primarily serves. Select all that apply.

**b. Total Number of Victims Served**

Enter the number of individual victims served in SFY 2019 (July 1, 2018–June 30, 2019). To emphasize, this is NOT the number of contacts, or the number of services provided, but rather the number of individual victims that were served.

**c. Types of Victimization Your Program Serves**

Select all that apply. If you serve victim types not represented, please check "other" and fill in the type(s).

**d. Primary Types of Services Your Program Provides**

There are five categories of services provided (Information and Referral, Personal Advocacy/Accompaniment, Emotional Support or Safety Services, Shelter/Housing Services, Criminal/Civil Justice System Assistance). For each category of services, select all that apply to your program.

#### **IV. COLLABORATION & COMMUNITY SUPPORT**

**a. Collaboration**

Two aspects of collaboration should be addressed:

1. Describe how your program collaborates within the community to provide victim services, including other victim services programs (community and systems-based), law enforcement, healthcare, the criminal justice system, or other relevant entities.
2. Describe specific collaborations with other victim services programs in your region that ensure services are not duplicated and/or ensure that needed services are being provided or referred if necessary.

**b. Outreach**

Describe the outreach efforts and community awareness projects of your program.

This should be a brief summary that lists and concisely describes the various activities of your program that are intended to elevate awareness pertaining to your services and victimization issues within your community. Please limit your response to 500 words.

**c. Victim Resources**

Describe efforts to provide victims with knowledge of additional available resources while they are receiving services from your program. Additional resources may include information about victims' rights, other services available to them in the community based on their needs, online resources, etc.

#### **V. STAFF & VOLUNTEERS**

**a. Full-Time Employees**

Enter the number of full-time employees your organization/program currently has on staff.

**b. Part-Time Employees**

Enter the number of part-time employees your organization/program currently has on staff.

**c. Key Staff Positions Working on Grant**

Complete the table by indicating staff positions that will be funded in part or whole by this funding request. In the table you will indicate the title of the position, a brief list of duties and/or accountabilities, the funding source that will be used, and the estimated hours of time per week for that staff position

**d. Turnover in Key Staff**

Use the space provided to identify and describe any positions funded in the past state fiscal year (July 1, 2018 – June 30, 2019) for which there was turnover. This discussion should be limited to positions that were funded in part or whole by funds from ICDDVA.

**e. Number of Volunteers**

Indicate the number of volunteers your organization/program utilizes. An average or approximation is acceptable, especially for programs that use many volunteers or experience routine fluctuation in volunteers.

- f. **Type of Volunteers**  
Complete the table by indicating the various types of volunteers your organization/program utilizes, and the average number of hours per week for each volunteer type.

## **VI. FUNDING & SUPPORT**

- a. **Fundraising Activities (Previous Year)**  
Describe the fundraising activities of your program in 2019. For each activity specify the successes and challenges, including the amount of funds that was raised and whether that amount met expectations.
- b. **Fundraising Activities (Project Period)**  
Indicate the planned or prospective fundraising activities of your program during the upcoming funding period. Include the amount of funds you anticipate raising and fundraising goals for these activities.
- c. **Funding Sources**  
Complete the table by listing all funding sources for state fiscal year 2020 (July 1, 2019 – June 30, 2020). Funding sources may include various grant funds, monies from fundraising, donations, etc. Indicate the amount of funds from each source in the Current and Pending Amount columns. If you are currently receiving funds, and have an application in for more funds from the same source, fill in the appropriate amounts in both of these columns. Finally, calculate the percentage of your total budget for each funding source and enter this information in the last column.
- d. **Long-Term Financial Stability**  
Describe your program's plans to maintain long-term financial stability. This should not simply be a summary of the information in the table above. Rather, you will provide an explanation of how your program intends to remain financially stable from year to year. This description should be specific and concise, approximately 300 words or less.
- e. **Operational Management**  
Describe the management of your program's day-to-day operations. This includes supervision, how employees and volunteers track their time and allocate it to grant projects, and levels of approval for expenses incurred on the grant. Include an organizational chart.

## **VII. FISCAL MANAGEMENT**

- a. **Financial Policies and Procedures Compliance**  
Describe how your program is staying in compliance with its Financial Policies and Procedures. Include the date of last board approval of financial policies and procedures. Do NOT include a copy of financial policies and procedures.
- b. **Auditing**  
1. Describe your program's auditing procedures. Include date of last single audit or 990 completed (a copy will be included as part of Component C). Identify and describe any open audit findings for your program.  
2. Does your organization expend \$750,000 or more in federal awards? If yes, you must have a single audit conducted in accordance with [§ 200.514](#).

- c. **Budgeting Monitoring Procedures**  
Describe your program's budget monitoring procedures. Descriptions should be specific and concise.
- d. **ICDVVA Data Collection Reporting Procedures**  
Describe how you are going to comply with ICDVVA data collection and reporting procedures (refer to the [Grant Administration Manual](#) for specific requirements related to data collection). Indicate how you will ensure accurate and timely submission of reports each quarter.
- e. **Budget Narrative**  
This item should be completed after filling in the detailed budget worksheet (Component B below). The narrative should describe and justify all proposed costs. Indicate how the cost is supporting the project(s) proposed. If you are requesting funds from more than one funding stream, provide a budget narrative for each funding stream (VOCA, FVPSA, and/or DV Account). If requesting supplies, equipment, or advanced technology, you must include a complete list of these items with your budget narrative.
- f. **Meeting the Match Requirements**  
Provide a narrative that explains how the applicable match requirements will be met. Indicate the proportion of match that will be in-kind and cash and their sources, if applicable. Make sure to describe match plans for each funding source requested.
- g. **Methods for Match Documentation**  
Describe how you will track and document match. Refer to the [Grant Administration Manual](#) for reporting documentation and expectation details.

## **COMPONENT B. DETAILED BUDGET WORKSHEET**

The Detailed Budget Worksheet is a protected fillable Excel file. First, review the Key and Notes sections at the top of the worksheet. The key indicates which cells/boxes are to be completed, and which will auto-calculate based on amounts put in other cells. The Notes highlight that (1) both VOCA and FVPSA have a 5% cap on the use of funds for administrative costs; and (2) only direct service providers are eligible for DV Account funds, and these funds can only be used for direct victim services.

In the worksheet, include your organization name and the name of the project/program for which funds are being requested. In the Indirect Service Expenses section, indicate the amount of money requested from VOCA and/or FVPSA in each of the identified categories. If you have additional indirect expenses not listed, add them in the rows designated for Other. In the Direct Service Expenses section, indicate the amount of money requested from VOCA, FVPSA, and/or DV Account in each of the identified categories. If funds are being requested for personnel, this information will be added in the Direct Service Personnel Expenses Detail section beginning on row 65. Finally, the Administrative Expenses section (if applicable) will be completed by adding content to the Administrative Expenses Detail section beginning on row 110.

## **COMPONENT C. PROGRAM ADMINISTRATOR ASSURANCES & AUXILIARY FORMS**

- I. VOLUNTEER STATEMENT**
- II. VOLUNTEER WAIVER REQUEST**
- III. SIGNED CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE – FEDERAL REQUIREMENT**
- IV. ASSURANCES**
- V. CERTIFICATE REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**
- VI. OWNERSHIP AND INVESTMENT POLICY**
- VII. LIMITED ENGLISH PROFICIENCY**
- VIII. NON-PROFIT STATUS AND FINANCIAL ACCESS**
- IX. CERTIFICATE OF LIABILITY INSURANCE**
- X. CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE**
- XI. CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**
- XII. THREE LETTERS OF SUPPORT**

Letters of support are required. ICDVVA strongly encourages coordination with other services. The following is a list of suggestions for letter writers (for each category, please choose individuals with whom you have the most contact):

- Judges or court administrators
- Victim service providers
- City or county prosecutor
- Police or correction personnel, including probation
- Social and health services
- Medical professionals
- Persons who have benefited from your services

## SUBMITTING THE APPLICATION

Please review the following carefully!

- The deadline for receipt of the application is **April 3, 2020 at 5:00 p.m. Mountain Time**. The deadline requires receipt of the grant application at [info@icdv.idaho.gov](mailto:info@icdv.idaho.gov).
- The grant must be complete with all required documents in the order specified in the Detailed Application Instructions. This includes ALL attachments. ICDVVA employees will not assemble, add or complete any application and accepts no responsibility for ensuring completeness of received materials.
- Portions of the application submitted under separate cover (letters of collaboration or missing sections of the application) will not be placed with the original application. Carefully review your application to ensure that all required forms and documentation are submitted with the original application and copies.
- Materials from external agencies such as certificates of insurance, worker's compensation insurance or letters of support must be included in your application packet. Documents from third parties who are not included with your application will not be accepted.
- Application must be submitted to: [info@icdv.idaho.gov](mailto:info@icdv.idaho.gov)