



**Eric R.
Greitens
Governor**



**Charles A.
(Drew) Juden
Director of
Public Safety**

2017 VOCA Notice of Funding Opportunity

2017 Victims of Crime Act Grant

Pre-bid Seminars

April 27, 28 and May 1, 2, 4, 5,
2017



Housekeeping Items

- * Silence cell phones
- * Take calls out of training area, please
- * Questions asked in all pre-bid meetings will be written down and answered via written FAQ's document to be published on the webpage to ensure everyone received the same information during this competitive process
- * Questions may also be emailed to CVSU@dps.mo.gov by end of business on May 5, 2017

Points of Interest

- * It is unknown at this time about if or how any transfer will be accomplished
- * It is unknown who will move
- * It is unknown how the Notice of Funding Opportunity will be handled past the submission of applications

Introductions

* Staff

- Lisa Harrison-Lineback, Program Manager
- Tina Utley, Program Specialist Grants
- Katrina Prenger, Program Specialist OVC
- Kristina Kirchhoff-Welch, Program Representative (NW)
- Michelle Parks, Program Representative (SW)
- Beth Evers, Program Representative (NC)
- Jenna Ridge, Program Representative, MOVANS
- Kris Waterman, Program Representative (SE)
- Brandi Drummond, Program Representative (STL)

Tiffany Is Leaving

- * Please do not email Tiffany any longer regarding VOCA or other grants in our office as she is leaving as of May 15, 2017
- * Email CVSU@dps.mo.gov or your grant program representative directly

What Is VOCA?

- * The Victims of Crime Act of 1984 was passed by Congress to assist states in providing high quality services that are directly related to the emotional healing and recovery of crime victims.
- * Source = fines, penalties & forfeitures collected from persons convicted of offenses against the U.S.

VOCA Funding in Missouri

- * 2014 VOCA award was \$8.5 million
- * 2015 VOCA award was \$36.7 million
- * 2016 VOCA award was \$41.4 million

- * 2017 VOCA award is estimated to be around the same, but there has been no official confirmation, yet.

References

- * [Title 42 U.S.C. 10601-10608](#)
- * [Title 28 C.F.R part 94](#)
- * [Title 2 C.F.R. part 200](#)
- * [Title 2 C.F.R. part 2800](#)
- * [2015 DOJ Financial Guide](#)
- * And all others referred to and listed throughout the Notice of Funding Opportunity

NEW VOCA RULES

- * The VOCA program changed many rules last year.
- * This Notice of Funding Opportunity will encompass and follow the new rules.

Primary Purpose of VOCA

- * Provide direct services to victims of crime
- * Assist victims of crime as soon as possible
- * Provide on-going support to the victim

Services to Victims of Crime Are Defined As:

Those efforts that:

- * Provide a response to the emotional and physical needs of crime victims
- * Assist primary and secondary victims of crime to stabilize their lives after a victimization
- * Assist victims to understand and participate in the criminal justice system
- * Provide victims of crime with a measure of safety

Fund Allocation

- * Priority will be given to projects/programs which address the VOCA delineated priority/target areas
 - 10% -Victims of sexual assault
 - 10%-Victims of domestic/intimate partner violence
 - 10%-Victims of child abuse
 - 10%- to programs that provide services to underserved victims

Underserved Victim Defined

- * By type of crime experienced
- * By characteristics of the victim
- * Combination of both
- * Must articulate what makes the targeted population underserved
- * Definition will vary throughout the state
- * Assessed, case by case based on justification/articulation

Underserved Victims-examples only

- * Nature of crime (examples)
 - * Victims of drunk driving crashes
 - * Survivors of homicide victims
 - * Adult survivors of incest
 - * Victims of burglary
 - * Victims of elder abuse
 - * Victims of hate crimes
 - * Victims of sex trafficking
 - * Victims of kidnapping
 - * Victims of gang violence

Underserved Victims-examples

- * By characteristics of the Victim (examples)
 - * Elderly
 - * LGBTQ
 - * Persons with Disabilities
 - * Racial minorities
 - * Ethnic minorities
 - * Religious minorities
 - * Rural residents
 - * Urban residents
 - * Non-English speaking or LEP residents

Agencies Must Have

- * Support & approval of community
- * History of being cost-effective
- * For returning applicants, demonstrated compliance with previous grant programs' rules/regulations
- * Financial support from other sources
- * Mission that aligns with VOCA's mission

Match Requirements

- * 20% of the total project cost must be “match” from non-federal sources
- * Cash or in-kind match are both acceptable
- * Match restrictions are the same as Federal dollar restrictions!
- * Match must be attributable to a specific line item

In-Kind Match - Examples

- * Volunteered services
- * Materials/equipment
- * Space/facilities
- * Discounts
- * Indirect Costs

Record Keeping - Match

- * Source- where did match come from?
- * Amount- how much is being claimed?
- * Match must be reported within 60 days of accrual?
- * What is the basis for determining value of in-kind match? (at time of donation)
- * Volunteers (hours and services provided)
PROPERLY DOCUMENTED

Eligible Match – In Kind

- * **Volunteer time** (activity/timesheets must be kept)
 - * Direct services to victims
 - * **\$18.00/hour**
 - * Volunteers = non-employees
 - * On-call Volunteer time will be limited to 50% of total match required.
 - * On-call volunteer time calculated at a 4:1 ratio (or total time x .25)
- * **Loaned/donated equipment**
 - * Fair market value, at the time of donation

Eligible Match – In Kind

- * Space
 - * Fair market value as determined by appraisal or realtor
 - * Cannot donate space to self
- * Discounts
- * Other non-monetary contributions/ donations
- * Indirect Costs

Eligible Match – Cash

- * Attributable to line items in grant budget
 - * Salary
 - * Fringe benefits
 - * Mileage, etc.
 - * Office Supplies
 - * Rent
 - * Utilities
 - * Indirect Costs

Match Waiver REQUEST

- * **Due to the increase in available VOCA funds, some agencies may be anticipating difficulty in providing the 20% required match on their proposed project.**
- * **Agencies who can demonstrate and articulate extreme need to have their application considered with a portion of their match waived need to submit a Match Waiver REQUEST Letter with their application.**

Match Waiver REQUEST

- * The Match Waiver Letter should:
 - * Explain, justify and document specifically WHY the agency is unable to provide the full 20% match on their proposed project.
 - * Be on your organization's letter head and signed by the authorized official.
 - * Be unique and specific to your agency, no form letters will be accepted.
 - * **See EXAMPLE of information that is needed**

Match Waiver Sample Letter

Organization's Letterhead

Date

To: DPS Program Manager

Address

RE: Match Waiver Request for Federal Grant number 20xx-XX-XX-####

Dear Program Manager:

In reference to:

Federal Grant number: 20xx-XX-XX-####

Name of Organization:

Subgrant Number:

Project Period:

TOTAL Award Amount:

Match required (before waiver):

Applicant can meet: \$ amount

Applicant Requests to be waived: \$ amount

Percent of Waiver request: amount %

Justification:

Sincerely,

Qualified signatories

Executive Director, President, CFO, CEO

Match Waiver REQUESTS

- * Match Waiver Letters are NOT automatic and will go through two rounds of review before approval.
 - * First: approved or denied by the state VOCA administrator.
 - * Waiver letters that are approved will then be forwarded to OVC for final approval or denial.
- * **The most important thing to remember when doing a Match Waiver Letter is to justify and explain why your agency needs a portion of match waived.**

Match Waiver REQUESTS

- ◆ Match waiver letters will need to be revised during the revisions process if the project is awarded as they must be exact numbers and dollar amounts.
- ◆ Match will not be 100% waived for any agency. Do not ask for a waiver of the amount of matching funds your program has provided in past VOCA grants; ask for a waiver of the match for the increased funds in your new VOCA grant.

Eligibility Requirements

- * Public or non-profit organization
 - * Non-profit must have non-profit confirmation letter from the Federal Government (IRS)
- * Provide services to victims of crime
- * Record of effective services
- * For returning applicants: demonstrated compliance with prior grant programs' rules/regulations

Eligibility Requirements

- * New programs:
 - * 25% of agency budget must come from other sources
- * Provide 20% match (cash or in-kind)
- * Mandatory use of volunteers by the agency in provision of direct services (must be documented with timesheets)
- * Compliance with all FEDERAL AND STATE rules, regulations, policies, codes and other relevant documents

Eligibility Requirements

- * Public Awareness-inform crime victims of rights, services and provide or refer them to services and assistance
- * Assist victims applying for CVC benefits
- * Compliance with all applicable Civil Rights statutes, rules and policies
- * Demonstrated ability to act as a Pass-Through organization* if applicable
 - * See [2 C.F.R. 200](#) (200.331)

Eligibility Requirements

- * Provide services to Federal crime victims the same as victims of State crimes
- * No charge to victims for VOCA services
 - * Includes 3rd party payers (insurance, Medicare/Medicaid, etc.)
- * Compliance with all confidentiality provisions in law, rule and policy
- * Maintain client-counselor confidentiality
- * Maintain confidentiality of research information
- * Maintain confidentiality to include data in “cloud” storage

Eligible Organizations

- * Victim service organizations
 - * Sole purpose is to serve crime victims
- * Other organizations:
 - * Criminal Justice agencies
 - * Religiously affiliated organizations
 - * Hospitals/emergency medical facilities
 - * Others
 - * Mental health service orgs
 - * Legal service agencies
- * Pass through organizations* (compliance with 2 C.F.R. 200.331)

Ineligible Organizations of VOCA Funds

- * Federal agencies
- * In-patient treatment facilities
- * Agencies that are otherwise ineligible for public grant funds for any reason.

Code of Ethics

- * MoCVSU has adopted a code of ethics that **ALL** agencies must comply with
 - * By signing the Certified Assurances, agencies agree to abide by the Code of Ethics
 - * The [Code of Ethics](#) can also be downloaded from our website

Code of Ethics for Victim Service Providers

Missouri Department of Public Safety Code of Professional Ethics for Victim Service Provider Sub-grantees

Victims of crime and the Missouri Department of Public Safety expect every Victim Service Provider, paid or volunteer to act with integrity, to treat all victims and survivors of crime with dignity and compassion, and to uphold principles of justice for accused and accused alike.

For these purposes, a victim service provider is defined as any individual, paid or volunteer, who works directly or indirectly with victims and survivors of crime.

To these ends, this Code will govern the conduct of Missouri Victim Service Providers:

- I. *With every victim, the victim service provider should:*
 1. Recognize the interests of the victim as a primary responsibility;
 2. Foster maximum self-determination on behalf of the victim;
 3. Respond respectfully to each victim with personalized services;
 4. Respect and protect all applicable civil and legal rights of the victim including, but not limited to, Article I, Section 32 of the Missouri State Constitution and the Missouri Revised Statutes section, 595.209;
 5. Protect and maintain the victim's rights to privacy and confidentiality in accordance with state and federal law, funding requirements, professional licensing standards, and program policy;
 6. Refrain from behaviors that constitute:
 - a) victim blame;
 - b) suspicion regarding victim's accounts of the crime;
 - c) condemnation for past behavior; or
 - d) other judgmental, anti-victim sentiment.
 7. Respond to the victim's stated needs without regard to personal convictions and within the rules of the victim service provider's host agency;
 8. Adhere to legal, ethical, and behavioral standards of conduct, avoiding impropriety and the appearance of impropriety, or engaging in any conduct that would adversely affect his or her ability to provide services;
 9. Assist victims in identifying and accessing resources, as needed; and
 10. Not discriminate against any victims or deny services to any victim based on the victim's race, ethnicity, color, national origin, language, sex, gender, age, sexual orientation, social class, ability, economic status, education, marital status, religion, substance abuse, health status or HIV status.
- II. *With colleagues, other professionals, and the public, the victim service provider should:*
 1. Act in a way that promotes mutual respect, dignity, and improvement of service;
 2. Communicate in an ethical and constructive manner;
 3. Encourage proficiency and excellence in victim assistance among colleagues (paid and volunteer) and allied professionals;

4. Provide professional support, guidance, and assistance to victim service providers who are new to the field in order to promote consistent quality and professionalism in victim services;
5. Seek to ensure that volunteers in victim service programs have access to the training, supervision resources, and support required to enhance their efforts to assist clients; and
6. Not discriminate against any employee, colleague, or allied professional on the basis of race, ethnicity, color, national origin, language, sex, gender, age, sexual orientation, social class, ability, economic status, education, marital status, religion, substance abuse, health status or HIV status.

- III. *In her or his professional conduct, the victim service provider should:*
 1. Maintain high personal and professional standards and competence in the delivery of services;
 2. Maintain a high level of skill in the delivery of services;
 3. Continue to improve upon their skills and professional knowledge;
 4. Maintain client confidentiality in accordance with state and federal law, funding requirements, professional licensing standards and program policy unless clear permission has been given or legal requirements permit the victim service provider to do otherwise;
 5. Represent their organization's policies and procedures in accordance with federal and state law without imposing and/or stating one's personal views and biases;
 6. Accurately represent his/her professional title, qualifications, and/or credentials;
 7. Not use her or his official position to secure gifts, monetary rewards, or special privileges or advantages; and
 8. Know and uphold the ethical standards and legal requirements of the profession which she or he is a member (when applicable).

MCADSV Service Standards

- * If VOCA funding is used to provide services to victims of domestic and/or sexual violence and their children, service definitions set forth in the MCADSV Service Standards & Guidelines for Domestic Violence and/or Sexual Violence Programs must be followed.

MCADSV Standards

MCADSV STANDARDS FOR
Domestic Violence Programs

FEBRUARY 2016



MCADSV STANDARDS FOR
Sexual Violence Programs

FEBRUARY 2016



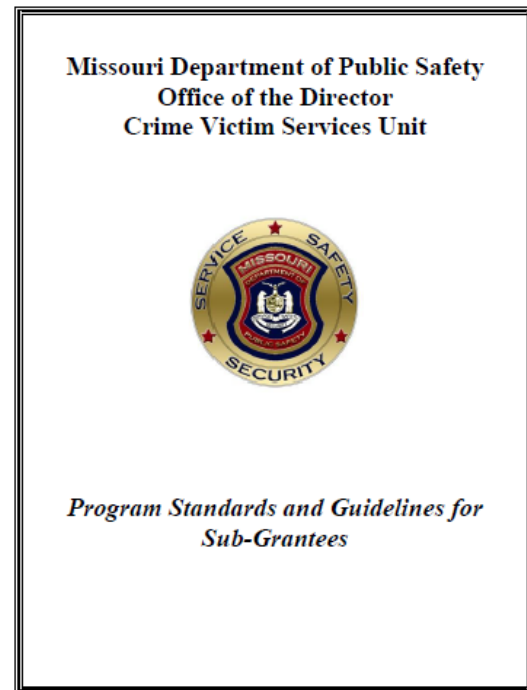
MCADSV Service Standards

* If language in the VOCA Application conflicts with the MCADSV Service Standards & Guidelines, the

VOCA application/guidelines
must be followed in lieu of MCADSV's

MoCVSU Program Standards

- * **ALL other agencies**
 - * those **NOT** primarily serving victims of domestic and/or sexual violence will be required to comply with the Missouri Department of Public Safety Crime Victim Services Unit (CVSU) [Program Standards and Guidelines](#)



Service Standards and Guidelines

- * Agencies must explain **HOW** services are provided in compliance with either the MCADSV Service Standards & Guidelines or the MoCVSU Program Standards & Guidelines
 - * Simply stating the agency “is in compliance” does not constitute sufficient explanation
- * Standards & Guidelines can be downloaded from our website; links are provided in this presentation, in the Notice of Funding Opportunity and on the website

Supplanting

- * Supplanting applies to ALL **PUBLIC** FUNDS!!
- * Governmental entities are always subject to supplanting concerns as they are publicly funded
- * NPO's are sometimes subject to supplanting concerns

Supplanting

- * Applies to public monies 28 C.F.R. 94.103(b) (3)
 - * State or local money
- * VOCA funds cannot be used to supplant other **PUBLIC** funds that would otherwise be used to provide victim services

Signing the Certified Assurances for this grant is a binding guarantee by the signatory that all laws, statutes, rules, regulations, standards, policies, procedures, etc. pertaining to the VOCA grant WILL BE followed.

Allowable Services, Activities, Costs

Direct services (94.119)

- ❖ Immediate health
 - ❖ Emotional, psychological, health and safety
- ❖ Advocacy/emotional support
- ❖ Mental health counseling*
- ❖ Substance abuse counseling*
- ❖ Peer to peer support*
- ❖ Facilitation of participation in CJ proceedings
- ❖ Legal assistance*
- ❖ Forensic medical exams
- ❖ Forensic interviews*
- ❖ Transportation*
- ❖ Public awareness*
- ❖ Transitional housing*
- ❖ Relocation*

Allowable Services, Activities, Costs

Activities that Support Direct Services (94.120)

- ❖ Coordination activities*
 - ❖ Salaries and expenses*
 - ❖ Response activities to victim needs*
 - ❖ Contracts for specialized services*
 - ❖ Technology purchases*
 - ❖ Equipment*
 - ❖ Other pre-approved costs*
- * subject to restrictions

Allowable Services, Activities, Costs

Administrative Costs (94.121)

- ❖ Personnel*
- ❖ Training*
- ❖ Training costs*
- ❖ Furniture*
- ❖ Equipment*
- ❖ Operating costs*
- ❖ Vehicles*
- ❖ Maintenance*
- ❖ Pro-Rated Organizational expenses *
- ❖ Rent, utilities, local travel, minor building adaptations
- ❖ Project evaluation

* subject to restrictions

Ineligible and Expressly **Unallowable** Activities and Costs (94.122)

- * Lobbying
- * Research studies
- * Active investigation and prosecution
- * Fundraising
- * Capital expenses*
- * Compensation for victims
- * Medical care
- * Management salaries/expenses*

*except as otherwise/specifically allowed

** Indirect Costs **

- * Federally negotiated rate
- * De Minimis (10%) only if agency has never had a rate before and only on the first \$25,000
- * Cost allocation plan method- with certain criteria

Indirect Costs

- * Specific definitions in 2 C.F.R. 200.56, 200.57, 200.68
- * Follow Cost Principles 2 C.F.R. 200.400-417 and 200.420-475
- * Appendix IV of 2 C.F.R. 200

Indirect Costs

- * May use indirect costs as MATCH
- * May use indirect costs for reimbursement
- * MAY NOT charge for BOTH match and reimbursement
- * MAY NOT double charge for a line item (if salaries are claimed under indirect they cannot be claimed under direct)

Indirect Costs

- * Federally negotiated indirect cost rate (ICR) with the applicant agency's cognizant federal entity
- * De-Minimus rate (10%) based on the Modified Total Direct Cost (MTDC) and only for the first \$25,000 of award
- * Cost Allocation Plan with suggested ICR
 - * Professionally prepared (CPA, finance director, treasurer)
 - * Certified as correct by the Fiscal Officer on the grant application
 - * Rate will be evaluated, negotiated and agreed

Indirect Costs

- * Once a negotiated indirect cost rate is used, that rate is locked in for all grants until it is re-negotiated with the federal cognizant entity.
- * The cost allocation plan must be updated and/or re-prepared each time a new grant application is made.
- * If using the de-minimus rate of 10%, it is only on the first \$25,000, which is a maximum of \$2,500.

Reporting Requirements

- * Subgrant Award Report (SAR)
 - * No longer an excel spreadsheet
 - * Now a form in WebGrants Application
 - * Will be discussed during application section

Reporting Requirements

- * Quarterly and Annual Progress Reports

- * Due every quarter 1, 2 & 3

AND

- * Annual and 4th quarter due **simultaneously**

- * On the website “VOCA Quarterly Report Form” (excel)

- * Only first section shown

Subgrant Organization Name:		0	
Grant #:		Dates Reported:	10/01/2016 - 12/31/2016
POPULATION DEMOGRAPHICS			
1) TOTAL number of individuals who received services <i>during the reporting period</i>			
<input type="text"/>			
2) Is your agency able to track individuals on an annual basis by federal fiscal year?			
<input type="text"/>	YES (go to question #4)	<input type="text"/>	NO
3) Is your agency able to identify "new" individuals who did not receive services from your			
<input type="text"/>	YES	<input type="text"/>	NO, Not Tracked (go to question #6)
<small>Not Tracked means the agency is unable to submit this data as requested. Efforts are underway to change the data collection method.</small>			
<input type="text"/>	NO, Other Reason (explain and go to question 6)		
<input type="text"/>			
4) Number of NEW individuals who received services from your agency for the first time during			
<input type="text"/>			
5) Demographics			
	Category	Population	Number of NEW
RACE/ETHNICITY (self-reported)	American Indian/Alaskan Native		<input type="text"/>
	Asian		<input type="text"/>
	Black/African American		<input type="text"/>
<small>1st Quarter 2nd Quarter 3rd Quarter 4th Quarter Annual Annual Narrative Questions Appendix</small>			

Reporting Requirements

- * Monthly Claim Report
 - * Will be discussed in detail during mandatory Compliance Training
 - * Due EVERY MONTH no later than the 5th (next business day if weekend or holiday)
 - * Will be paid approximately the 25th

Reporting Requirements

- *Reporting will be covered in detail at a later time via meeting, webinar, training, or other method.

Contract Period

October 1, 2017

To

September 30, 2019

Application

****New Information****

Application Process and Review

- * This is a competitive bid which means every applicant and project is competing with every other applicant and project for the dollars that are available.
- * The better the application, as far as project scope and justification, the more likely the funding will be granted.
- * After the pre-bid meetings and until awards are granted, CVSU staff can only provide technical assistance with WebGrants and answer generalized questions.

Review Process

- * Review panel
 - * Various individuals from the Department of Public Safety
 - * Individuals from outside the Department who do not have a personal financial interest in this program
 - * The review panels change for each grant process and from grant cycle to grant cycle

Internal Review

- * Geographic Review
- * Special population review
- * Targeted service area review
- * Risk Assessment
 - * Conditions
 - * Special conditions
- * Assessment of pass-through applicants' abilities and capabilities of compliance with 200.331, and likelihood of success

The Notice of Funding Opportunity

- * Program Description and Guidelines
- * Post-Application Information
- * Grant Specific Guidelines
- * Appendices

VOCA WebGrants Manual

- * WebGrants -step by step how-to
- * Screenshots
- * Examples
- * Many questions answered

Completing and Submitting the Application

Grant Application Instructions

Missouri Department of Public Safety
WebGrants System

<https://dpsgrants.dps.mo.gov/index.do>

Required Information for WebGrants

- * Acquire a DUNS (Data Universal Numbering System) Number
 - * <http://www.dnb.com/>
- * Federal Funding Accountability and Transparency Act requires DPS to provide information on all federal awards to a single searchable website:
 - * www.USASpending.gov


Required Information for WebGrants



- * **Acquire or renew registration with the System for Award Management (SAM)**
- * **The System for Award Management (SAM) is a Federal Government owned and operated free web site. Register online at www.sam.gov.**

WebGrants-Application and Management System

<https://dpsgrants.dps.mo.gov/index.do>

System Compatibility

 **Log In**

Log In	
User ID:* <input type="text"/>	New to WebGrants - Missouri Department of Public Safety? Register Here 
Password:* <input type="password"/>	
<input type="button" value="Log In"/>	
Forgot User Id?	
Forgot Password?	

Announcements

Registering with WebGrants NEW

- * New applicants:
 - * Register as a User in WebGrants
 - * <https://dpsgrants.dps.mo.gov/index.do>
 - * Applicants must register no later than 5 p.m. on May 26, 2017
 - * Each applicant agency should designate one individual for the purposes of registering and assigning new registrants
 - * Only the primary contact will be notified about the application

(NEW) Personnel/Organization

- * Complete the personnel boxes

[Register](#)

Personal Information

Name: *
Title First Name Last Name

Job Title: *

Email: *

Confirm Email: *

Mailing Address: *
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1: *
If a PO Box is entered above, enter the street address here. Do not repeat the mailing address.

Street Address 2: *

*
City State/Province Postal Code/Zip

Phone: *
Ext.

Fax: *

- * Complete the organization boxes

Organization Information

Applicant Agency: *

Organization Type: *

Federal Tax ID#: *
9 digits (no hyphen)

DUNS #: *
9-digit number

CCR Code: *
Valid Until Date

Organization Website: *

Mailing Address: *
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1: *
If a PO Box is entered above, enter the street address here. Do not repeat the mailing address.

Street Address 2: *

City: *
City State/Province Postal Code/Zip + 4

County: *

Congressional District: *
01 ^
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03 v
04

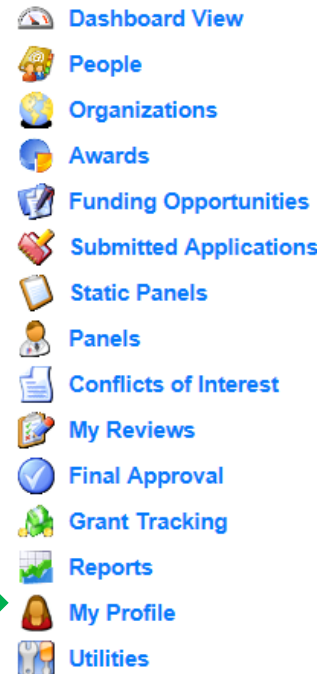
Hold CTRL to add additional districts

Phone: *
Ext.

Fax: *


RETURNING USERS

- * Returning applicants-use previous login information
 - * Use the forgot User ID or Forgot Password prompts
 - * Or call if information has been forgotten
 - * DO NOT re-register or create a new user if login information is on file.
- * Otherwise verify all info in MY PROFILE



Corrections/changes in personnel

- * After verifying info in “my profile”
- * Please use this form to add or remove personnel from the system or program



**MISSOURI DEPARTMENT OF PUBLIC SAFETY
CRIME VICTIM SERVICES UNIT
CHANGE OF INFORMATION FORM**

Date:			
Subrecipient Name:		Subward Number:	
Contact Person:		Phone Number:	

If the change affects multiple subwards, please complete a form for each subward and submit via the Correspondence component of each subward.

Is the following change(s) as a result of criminal activity? Yes No

MY PROFILE/CONTACT INFORMATION
If the change affects the My Profile module and/or the Contact Information grant form, please complete the following. If the change does not affect the My Profile module and/or the Contact Information grant form, skip this section.

Complete the following 2 fields if an individual needs to be removed. Skip this section if a person is not being removed.

Name of Individual Being Removed:		Last Date of Employment :	
-----------------------------------	--	---------------------------	--

Complete the following fields if an individual needs to be added. Skip this section if a person is not being added.

Name of Individual Being Added:		Job Title:	
Mailing Address:			
Street Address: <i>(if different than the mailing address)</i>			
City:		Zip Code:	
Email:			
Phone:		Ext:	
Fax:			

Have the individual been added as a registered user in WebGrants?	<input type="checkbox"/> Yes, and please select as a grant contact and add to the appropriate distribution list
	<input type="checkbox"/> Yes, but please do not add as a grant contact or to the distribution list
	<input type="checkbox"/> No, the individual will not have access to WebGrants and therefore was not added

BUDGET
If the change affects the Budget form, please complete the following. If the change does not affect the Budget form, skip this section.

Name of Individual Being Removed:	Last Date of Employment : (m/d/yyyy)	Individual Being Added: (if unknown, list as TBH)	Hire Date: (m/d/yyyy)

Provide a brief summary of the new individual's experience, certifications, and job responsibilities for the Budget - Personnel Justification section:

DPS-CV/SU revised 3-2017

The Application

- * Comprised of 24 “forms”
- * Each form gives detailed instructions of what information is necessary
- * Notice of Funding Opportunity document also includes instructions and screenshots to guide through the process
- * CALL CVSU at 573-526-1464 if you have ANY questions
- * CVSU can technically assist with the program, but cannot assist with wording of the grant application

**DEADLINE for
Applications**

JUNE 2, 2017

5 p.m.

General Information Form #1

- * Provides general information about the agency/project:
 - * System ID
 - * Project Title
 - * Primary Contact
 - * Organization

Application General Information

System ID:

Project Title:

Primary Contact:

Organization:

Contact Information Form #2

- * Lists the individuals who are responsible for the agency/project:
- * Authorized Official

Contact Information

Authorized Official

The Authorized Official is the individual that has the ability to legally bind the applicant agency in a contract. Refer to the above mentioned Grant Solicitation for further instructions.

Name:*
Title First Name Last Name

Job Title:*

Agency:*

Mailing Address:*
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:*
City State Zip

Email:*

Phone:*
Ext.

Fax:*

	City Gov't	County Gov't	Non Profit	Law Enf.
Authorized Official	Mayor or City Adm/Mgr	County Presiding Commissioner/ County Executive	Board President/Board Chair/ party authorized to enter agency into a contract	Mayor or City Adm/Mgr. or County Presiding Commissioner or County Executive

Contact Information Form #2

- * Project Director cannot be the same as the Authorized Official

Project Director
The Project Director is the individual that will have direct oversight of the proposed project. Refer to the above mentioned Grant Solicitation for further instructions.

Name:*
Title First Name Last Name

Job Title:*

Agency:*

Mailing Address:*
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:

City/State/Zip:*
City State Zip

Email:*

Phone:*
Ext.

Fax:*

	City Gov't	County Gov't	Non Profit	Law Enf.
Project Director	Person Overseeing Project	Person overseeing project	Person Overseeing Project	Police Chief or Sheriff

Contact Information Form #2

- * Fiscal Officer (cannot be the same person as the authorized official or project director)

Fiscal Officer

The Fiscal Officer is the individual who has responsibility for accounting and audit issues at the applicant agency level. Refer to the above mentioned Grant Solicitation for further instructions.

Name:*
Title First Name Last Name

Job Title:*

Agency:*

Mailing Address:*
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.

Street Address 1:*
If a PO Box is entered on the Mailing Address line, enter the physical street address here.

Street Address 2:*

City/State/Zip:* Missouri
City State Zip

Email:*

Phone:*
Ext.

Fax:*

	City Gov't	County Gov't	Non Profit	Law Enf.
Fiscal Officer	City Treasurer/ Finance Director	County Treasurer/ Chief County Financial Officer	Board Treasurer or CFO	City/County Treasurer/ Finance Director/ Comptroller

Contact Information Form #2

Project Contact Person

The Project Contact Person should be the individual who is most familiar with the program this grant will fund.

This person can be the Project Director if that individual is most familiar with the program.

Project Contact Person: *
Title First Name Last Name

Job Title: *

Agency: *

Mailing Address: *

Street Address 1:

Street Address 2:

OC City: *
City State Zip Code

Email: *

Phone: *
Ext.

Fax: *

* Project Contact Person (may be the Project Director)

	City Gov't	County Gov't	Non Profit	Law Enf.
Project Contact Person	Day to Day Operations/ Communication	Day to Day Operations/ Communication	Day to Day Operations/ Communication	Day to Day Operations/ Communication

Contact Information Form #2

* Non-Profit Chair Person (if applicable)

Non-Profit Chairperson

Enter the name and address of the individual serving as the organization's board chairperson. Please provide an address other than the agency address.

This section is not applicable to agencies that are not considered a 501 (c) (3) non-profit organization.

Non-Profit Chairperson:
Title First Name Last Name

Job Title:

Agency:

Mailing Address:

Street Address 1:

Street Address 2:

NC City:
City State Zip Code

Email:

Phone:
Ext.

Fax:

	City Gov't	County Gov't	Non Profit	Law Enf.
Non-Profit Chairperson	N/A	N/A	Board President or Board Chair	N/A

	City Govern- ment	County Government	Nonprofit Agency	Law Enforce- ment Agency
Authorized Official	Mayor or City Administrator	County Commissioner/ Administrator	Board President/ Chair or person able to enter agency into a contract	City Mayor or Administrator/ County Commissioner
Project Director	Person overseeing project	Person overseeing project	Person overseeing project	Police Chief/Sheriff
Fiscal Officer	City Treasurer or Comptroller	County Treasurer or Comptroller	Board Treasurer / CFO	City/County Treasurer or Comptroller
Project Contact Person	Day to Day Operations/ Communication	Day to Day Operations/ Communication	Day to Day Operations/ Communication	Day to Day Operations/ Communication
Non-Profit Chairperson	N/A	N/A	Board President or Board Chair	N/A

Project Summary Form #3

- * Provides further general information about the agency and project:
 - * Application Type (NEW, CONTINUATION or EXPAND/ENHANCE)
 - * Current Contract Number
 - * Program Category
 - * Program Type
 - * Geographic Area
 - * Brief Summary
 - * Income Generated (should be no)

Project Summary Form #3

Project Summary

Application Type:

NEW - the application is being submitted as part of a competitive bid process and is not currently funded by the Department of Public Safety.

CONTINUATION - the application is being submitted as part of a competitive bid process to continue a project currently funded by the Department of Public Safety.

EXPAND/ENHANCE - the application is being submitted as part of a competitive bid process to specifically expand or enhance an existing project currently funded by the Department of Public Safety.

Application Type: *

Current Contract Number(s):

List all active contract numbers as assigned by the Department of Public Safety relating to the proposed project. If the agency has more than one active contract number, separate each number by commas.

Current Contract Number(s):
if applicable

Program Category:

Select the program category as it relates to the proposed project and by which the project will be classified for evaluation purposes.

Program Category: *
Court
Culturally Specific
Domestic Violence Services
Domestic Violence Shelter
Prosecution

TO SELECT MULTIPLE CATEGORIES HOLD CONTROL DOWN WHILE SELECTING THEM.

Project Type:

Select the target population to be served by this project.

Project Type: *

Geographic Area:

Identify the geographic area to be served by the proposed project.

Geographic Area: *

10,000 Character Limit

Brief Summary:

Provide a brief summary of the proposed project and the services that will be offered.

Brief Summary: *

20,000 Character Limit

Program Income Generated:

Program Income is defined as any income/revenue generated as a direct result of a grant-funded project. Identify whether or not program income will be generated as a result of this project.

Program Income Generated: * Yes No

History of the Agency Form #4

- * **Mission statement** should be clearly stated in this first section
- * Provide a brief history of the agency and the types of victim services provided in the second

List the agency mission statement. IF the program has a specific mission statement, list it also.

Current Agency Mission Statement*

Brief History of the Program Project Agency*

Provide a brief history of the Agency and the type(s) of victim services the agency provides.

Statement of the Problem Form #5

Statement of the Problem

Preview Component

Program Area: Victims of Crime Act (VOCA)

Module: Application

Form Type: Standard

Statement of the Problem*

This section must address the need for grant funds and the proposed project. Define the problem that the agency will be attempting to impact with the project for which funds are being requested. Be very specific and detailed and also relate this to the project goals and mission statement of the agency. Do not include every issue the Applicant Agency addresses, but only the one(s) that will be impacted by the use of the grant funds being requested. (Please note that the problem is NOT a lack of staff, counselors, equipment, etc. This is the result of the problem).

Since this is a competitive process for limited funds, document as extensively and as factually as possible the definition of the problem.

This section must justify the proposed services to be outlined in the Type of Program section.

This section should include relevant facts and local statistics on incidents of crime, the number of victims served during the past year - (two years, three years, etc.), existing resources, demographic and geographic specifications, etc. that document and support the stated problem.

Provide crime statistics for all areas served; do not provide global statistics, information must be specific to the service area.

- * Defines the problem which the project will attempt to impact
- * Presents quantitative evidence to demonstrate the problem
 - * Local crime statistics
 - * Population information
 - * Etc.
- * Must relate to goal and mission statement

Type of Program Form #6

Methodology/Type of Program*

Outline the services to be provided by this project. Give as much detail as possible about the proposed project.

Define what services will be provided through the grant project, who will provide these services, how will services be accessed and who will benefit from these services. Flow charts and chronological outlines are great, but must be supported by additional narrative description.

Agencies that primarily serve domestic and/or sexual violence victims will be required to comply with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) Service Standards & Guidelines. (These agencies will not be required to comply with the Missouri Department of Public Safety Crime Victim Services Unit (MoCVSU) Program Standards and Guidelines) In this section, agencies will need to explain how services are delivered in compliance with the MCADSV Standards. Please do not simply state the agency is in compliance! MCADSV Service Standards & Guidelines can be downloaded as a separate document from the DPS website.

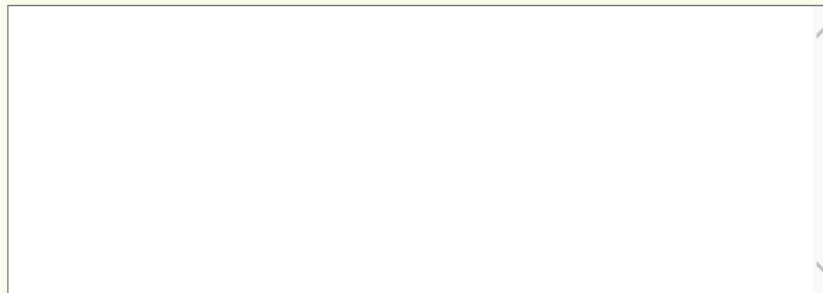
All other agencies (those NOT primarily serving victims of domestic violence and/or sexual violence) will be required to comply with the new Missouri Department of Public Safety Crime Victim Services Unit (MoCVSU) Program Standards and Guidelines. (These agencies will not be required to adhere to the MCADSV Standards) In this section, agencies will need to explain how services are delivered in compliance with the MoCVSU Program Standards and Guidelines. Please do not simply state the agency is in compliance! MoCVSU Program Standards and Guidelines can be downloaded as a separate document from the DPS website.

All programs must follow the MOCVSU Code of Ethics.

A link of the MCADSV, CVSU Standards and Code of Ethics is included:

[DV Standards](#)
[SV Standards](#)
[DPS Standards](#)
[Code of Ethics](#)

Identify in the narrative the following: project general purpose area, services to be provided by the project, who will provide services funded by the project, how services will be accessed, target population(s), HOW agencies comply with the referenced documents, how these relate to the goal and objectives as well as the agency mission statement, as well as any other information the agency wants the panel to consider.



- * Addresses the Services that this project will provide
- * Addresses how the agency is in compliance with MCADSV or MoCVSU Service Standards and Code of Ethics
- * Address how the victim accesses services

Proposed Service Area Form #7

- * States the geographic area to be served by the project
 - * Use cities, towns, counties or other indicators (NE, SW etc)
 - * List any geographically identifiable underserved populations targeted by the project
 - * Should match project summary information

Proposed Service Area*

State the geographic area to be served by this project. Use cities, towns, counties, and/or locators (NE, SW etc), population totals, geographic details and geographically identifiable underserved populations that will be targeted.

Coordination of Services

Form #8

- * Explain how the agency coordinates or will coordinate with other agencies (e.g., law enforcement, service providers, prosecution, etc.) in the community

Instructions

*Outline how the agency will coordinate the activities of this project with other service providers, law enforcement agencies, prosecuting attorney's offices, courts and other agencies in the community being served. Other services may not necessarily be the same as offered by this project. Explain how the services to be offered by this project will compliment other activities and services already in place in the community. Do not merely state with whom the agency coordinates; provide a detailed explanation of specific coordinated and collaborative activities. Please note that this is a **REQUIRED** component to receive VOCA funds; however, attendance at formal coordination or collaboration meetings is not and cannot be a component of VOCA or match funded staff/volunteers job duties.*

Coordination of Services*

Outline how the organization will coordinate activities of the project with others. If there are formal Memorandum(s) of Understanding (MOU's) in place, please attach current (within 3 yrs) and signed MOU's in "other attachments" and note in this section that they are attached. If there are informal agreements and operations, please describe in detail.

Victims' Compensation Assistance Form #9

- * Describe how the agency provides information and assistance with CVC funds (requirement)
- * Describe the procedures used to complete this task
- * How many applications did the agency assist within the last grant cycle? (broken down by year)
- * MOVANS info -**NEW**

Victim Compensation Assistance*

*Describe the procedures used by the agency to distribute information on and provide assistance to crime victims with filing for victim's compensation funds. Please note that this is a **REQUIRED** component to receiving VOCA funds.*

How many applications did the agency assist with during the last year? (Not handed out but assisted)

Describe what procedures are used to complete this task?

Additionally, please provide the number of victims the agency assisted with MOVANS registrations for the last grant cycle. (if these statistics were not previously gathered, please begin doing so)

Number of Victims Served

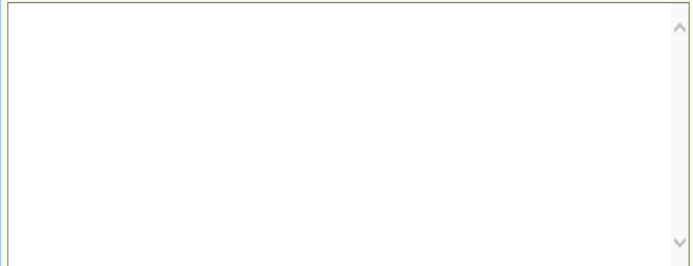
Form #10

- ❖ Indicates the anticipated number of victims to be served by the project and provides the basis for such estimate
- ❖ Break out the number of men, women, and children separately
- ❖ Should match the “VOCA Data Form”
- ❖ If serving multiple counties, please provide a breakdown of numbers (whole numbers not percentages)
- ❖ Please break this information down by year and by county where applicable

Number of Victims to Be Served*

Indicate the anticipated number of victims to be served by this VOCA funded project. Do not include the total number of victims served by the agency as a whole, but the number that will be served specifically by this particular project during this project period. For victims of domestic and/or sexual violence break out the number of women to be served, men to be served, and children to be served separately. These numbers should match what is listed on the "VOCA DATA FORM". Give statistics from previous years to support your estimate. The statistics should be based upon the grant cycle, not calendar year.

If serving more than one county please break each county out separately and use whole numbers (Not Percentages).



Volunteers Form #11

- * Describe Agency Volunteer Program
 - * Number of volunteers currently used (direct/non-direct service)
 - * Type of services provided (direct/non-direct service)
 - * Who supervises their activities
 - * When volunteers provide service
- * Describe how agency recruits & trains volunteers
 - * How are volunteers recruited, screened and trained?
 - * What are the qualification requirements?
 - * Type and number hours training received
 - * Who provides the training?

VOLUNTEERS

Volunteers*

Please detail the number of volunteers the agency currently has, the types of services (direct and non-direct) they provide and who supervises their activities.

Describe the procedures to recruit, screen and train volunteers used by your agency. Include the type of training to be provided, the number of hours of training volunteers receive, and the eligibility or qualification requirements for volunteers.

Also include a description of how volunteer time and activity will be tracked. If using the CVSU form, state as such, if the agency has a different method, please describe.

Please note that the use of volunteers in the provision of direct services by the applicant agency is required to receive VOCA funds; but the use of volunteer match on the VOCA grant is not required.

Volunteers (cont'd)

- ◆ Use of volunteers by agency in the provision of direct services is a requirement of VOCA!
- ◆ Using volunteers as match will be discussed in the budget section.

Goals and Measurable Objectives Form #12

- * The goal of the Victims of Crime Act Program (VOCA) is to support and aid victims of crime as they move through the criminal justice system, to provide them with the assistance and services necessary to speed their recovery from a criminal act, to assist any person in Missouri who has suffered, directly or indirectly, a physical, emotional, or personal loss as a result of a criminal act., and to coordinate with other community agencies to ensure continuity of support for victims.

Goals and Measurable Objectives Form Cont.

- * Type of Services
 - * Each agency **MUST** select at least one type of service
- * Objectives
 - * The objectives are provided in WebGrants.
 - * Agencies must have at least five(5) different objectives for the project.

Instructions

GOAL: The goal of the Victim of Crime Act Program (VOCA) is to support and aid victims of crime as they move through the criminal justice system, to provide them with the assistance and services necessary to speed their recovery from a criminal act, to assist any person in Missouri who has suffered, directly or indirectly, a physical, emotional, or personal loss as a result of a criminal act, and to coordinate with other community agencies to ensure continuity of support for victims.

VOCA Goals and Objectives -New

Please choose the type of service the agency provides, then choose at least five (5) DIFFERENT objectives that will move the agency toward meeting the listed GOAL at the top.

Agencies are encouraged to choose more than one type of service, but there must be five (5) objectives chosen for this grant.

Type of ServiceVOCA*

Agencies must select at least five (5) DIFFERENT objectives for this grant

Objectives*

Objectives Percentages (%)*

Evaluation Procedure Form #13

- * Describes the process used to determine the success of the funded project.
- * Should tie back to Goals and Objectives as well as mission statement.
- * Explain how each of the objectives chosen will be measured.
- * Should explain how the results are used to improve agency services.
- * If using surveys to measure outcomes, attach blank documents in Other Attachments

Evaluation Procedure*

The evaluation component of the application should tie to the goal, program type and objectives as well as to the agency mission statement. Describe the process to be used to determine the effectiveness of the funded program and the effect of the program on the victims served, such as pre- and post-testing, surveys, client-satisfaction evaluations, etc (it is helpful to attach blank samples of these tools, if available). Explain how data is assessed, analyzed and used to improve services to victims. This must also include a description of the data to be collected, as outlined in the Program Description, to prepare any progress reports and/or final reports required by DFS. Keep in mind that any and all data should adhere to the confidentiality requirements of the grant.

Report of Success Form #14

- * Must list the Goals, type of program, and Objectives of the current contract and gives quantitative results to-date
- * The outcomes should provide actual numbers in addition to the percentages
- * New applicants put N/A in the text box

Report of Success [Mark as Complete](#) | [Go to Application Forms](#)

Report of Success*

In outline format, restate the type of service and objectives from your current contract.

*After each type of service and objective listed, provide information regarding results attained from the **beginning of current grant to date.***

Please include all actual numbers along with the corresponding percentages (number of victims served, number of surveys sent out and returned, etc).

Attach any relevant documents supporting the success of this project.

Note: This component is applicable only to those proposals seeking continuation of a project already supported with VOCA funds.

Last Edited By:

Budget Form #15

- * List funding requests for budget **categories**
- * Each category assigned a section for **justification**
- * **If a category is requested, a justification MUST be provided or the form will not save**
- * Personnel
- * Personnel Benefits
- * PRN Personnel
- * PRN Benefits
- * Volunteer (Match)
- * On Call Volunteer (Match)
- * Travel/Training
- * Equipment
- * Supplies/Operations
- * Contractual
- * Indirect costs

Budget Form

- * In the written “Budget Justification” portion:
 - * Do not simply re-list the items you are requesting
 - * JUSTIFY and articulate the need and the expense of each item.
 - * Describe how the requested item will be utilized

Budget Personnel

* Personnel

- * A minimum of 10% personnel time can be requested
 - * Exception- Existing staff positions being requested for salary increases
- * Remember to report any match the agency is going to provide
- * Salary is configured based on pay period (not monthly salary) – Remember 24 month grant cycle
 - * Describe your pay periods
- * If an increase is anticipated, different salary rates should be separated by line and effective date provided within the name area
- * **JOB DESCRIPTIONS MUST BE SUBMITTED!**

Budget-Personnel

Instructions

Refer to the Grant Solicitation for specific instructions and examples to complete this form.

To add a budget line item, click Add. To provide the required justification for a budget line item(s), click Edit.

If you have added a line item under any budget category, justification for that budget category must be provided before this form can be saved.

Personnel

1. To include personnel in your budget, click "Add". If the project includes more than one individual, repeat this step for each person.
2. The Total Cost will automatically calculate as Salary per Pay Period x Number of Pay Periods x % of Grant Funded Time.
3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.


Provide the name of the individual for which grant funding is requested. If the name is unknown, put TBH.

Name*

Provide the title of the individual.

Title*

Select whether the position is a Created (new) job that currently does not exist or a Retained (existing) job as a result of this grant funding.

Position* 

Select the employment status based on the individual's status with the organization (not on this project).

Employment Status* 

Enter the actual (or anticipated) salary per pay period for the individual. Do not round! If the individual will experience a salary increase during the contract period, refer to the Grant Solicitation for further instructions and examples.

Salary per Pay Period*

Enter the number of pay periods for which funding is being requested.

Number of Pay Periods*

Indicate the percentage of time to be spent on the project for which funding is being requested.

% of Grant Funded Time*

Indicate the percentage of salary to be attributed to the project's local match share.

Local Match %*

Budget-Personnel Justification

- * Provide work experience and education experience for Personnel
- * Provide the reason (COLA/Merit), percentage of increase and effective date for any increases
- * Provide the source of match (if match provided)
- * If increases and/or new line items are being requested, please explain why it is being requested and address that this has not been paid with public funds in the past.

Personnel Justification

Personnel Justification

If personnel is included in the budget, provide justification for each position.

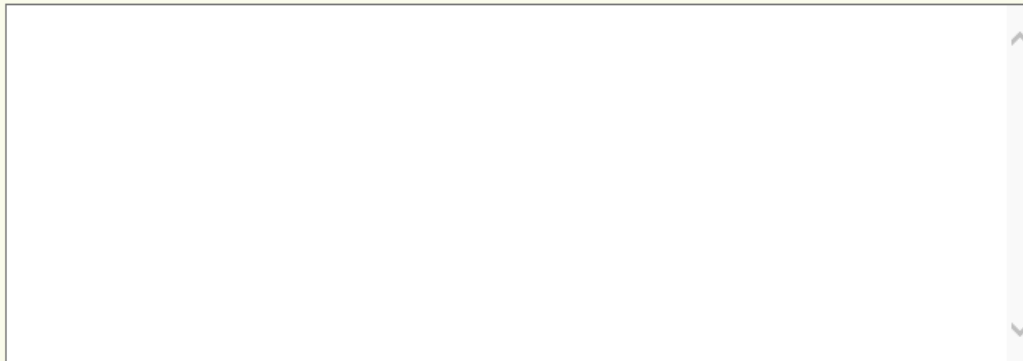
If the position is new (created), provide a description of the job responsibilities the individual will be expected to perform.

If the position exists (retained), provide a description of the job responsibilities and the experience and/or any certification the individual possesses.

If using Match in this section please identify who will be providing these funds and describe the source of the funds.

If a salary increase is included, address the type/reason for such increase, the percentage of increase, and the effective date of the increase.

If an increases and/or new line items are being requested, please explain why it is being requested and how the agency has paid for this expense in the past.



Budget-Personnel Benefits

- * Grant funded staff must not have any extra benefits that non-grant funded staff do not
- * Personnel policy manuals must be submitted (**NEW**)
- * Fringe benefits must be line itemized and prorated according to percentage of time on the grant
 - * FICA/Medicare
 - * Pension
 - * Medical insurance
 - * Life insurance
 - * Dental insurance
 - * Unemployment
 - * Workers comp

Budget-Personnel Benefits

Personnel Benefits

1. To include a fringe benefit in your budget, click "Add". If an individual is eligible for multiple benefits, repeat this step for each benefit.
2. The Total Cost will automatically calculate as Salary/Premium x Percentage/# of Periods x % of Funding Requested.
3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.
4. PRN may not be reallocated to other lines during the contract period, this includes contract adjustments.

Select the applicable fringe benefit to be included in the budget. **Uniform allowance is not eligible.**

Category* ▼

Enter text based on how the fringe benefit will be displayed on the claim/expenditure form if your application is successful. Enter something short but meaningful.

Item*

If the cost basis is a percentage of salary, enter the individual's salary. If the cost basis is a set amount per month or pay period, enter the premium rate. If your agency expects a rate or premium change in any fringe benefit during the contract period, refer to the Grant Solicitation for further instructions and examples.

Salary/Premium*

If the cost basis is a percentage of salary, enter the benefit percentage as a decimal. For example, FICA/Medicare (7.65%) would be entered as 0.0765. If the cost basis is a set amount per month or pay period, enter the number of periods.

Percentage/# of Periods*

Indicate the percentage of funding being requested for the specified benefit.

% of Funding Requested*

Indicate the percentage of fringe benefit to be attributed to the project's local match share.

Local Match %*

Budget Personnel Benefits Justification

- * If personnel benefits are included in the budget, provide justification for each fringe benefit (preferably in the same order as the fringe benefits are listed in the budget category) by identifying the cost and why it is needed.
- * A copy of the agency **personnel policy** is necessary to determine how much and which benefits are eligible for each organization. A schedule of holidays observed by the organization as a whole needs to be provided as well

Budget Personnel Benefits Justification

- * If premiums are projected to increase, include explanation, projected amounts, projected effective date and documentation on hand.
- * Full documentation will be required later during claims processing before reimbursement can be made

Budget- Personnel Benefits Justification

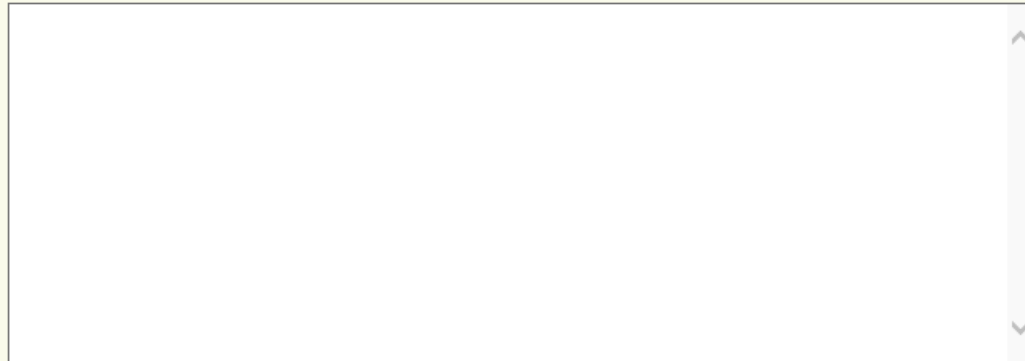
Personnel Benefits Justification

If personnel benefits are included in the budget provide justification for each benefit.

If using Match in this section please identify who will be providing these funds and describe the source of funds.

If a premium or rate change is expected during the contract period, indicate the effective date of the change, reason for change and document the new rates.

If an increase and/or new line items are being requested, provide explanation of why it is being requested and how the agency has paid for this in the past.



Budget- PRN time

- * “Pro re nata” as the situation demands
- * Temporary employment, usually not benefit eligible
- * TOTAL COST and MATCH AUTOMATICALLY CALCULATES

PRN Time Benefits

1. To include an PRN-related benefit in your budget, click "Add". If an individual is eligible for multiple fringe benefits, repeat this step for each benefit.
2. The Total Cost will automatically calculate as PRN/Premium x Percentage/# of Periods x % of Funding Requested.
3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

4. PRN may not be reallocated to other lines during the contract period, this includes contract adjustments.

Select the applicable PRN fringe benefit to be included in the budget.

Category*

Enter text based on how the fringe benefit will be displayed on the claim/expenditure form if your application is successful. Enter something short but meaningful.

Item*

If the cost basis is a percentage of PRN time, enter the individual's Prn time total. If the cost basis is a set amount per month or pay period, enter the premium rate. If your agency expects a rate or premium change in any fringe benefit during the contract period, refer to the Grant Solicitation for further instructions and examples.

PRN/Premium*

If the cost basis is a percentage of overtime, enter the benefit percentage as a decimal. For example, FICA/Medicare (7.65%) would be entered as 0.0765. If the cost basis is a set amount per month or pay period, enter the number of periods.

Percentage/# of Periods*

Indicate the percentage of funding being requested for the specified benefit.

% of Funding Requested*

Indicate the percentage of PRN fringe benefit to be attributed to the project's local match share.

Local Match %*

Budget- PRN Time Justification

- * If PRN time is included in the budget, provide justification for the expense. Describe why PRN funding is necessary and how it will aid in the success of the project.
- * If using Match in this section please identify who will be providing these funds and describe the source of the funds.
- * If a PRN time pay rate increase is included, address the individual's eligibility for such increase, the percentage of increase, and the effective date of the increase

PRN Time Justification

If PRN Time is included in the budget, provide justification for the expense. Describe why PRN funding is necessary and how it will aid in the success of the project.

If using Match in this section please identify who will be providing these funds and describe the source of the funds.

If an PRN pay rate increase is included, address the individuals eligibility for such increase, the percentage of increase, and the effective date of the increase.

PRN may not be reallocated to other lines during the contract period, this includes contract adjustments.

Budget PRN time Benefits

- * Only ...If PRN staff is eligible for benefits, must provide personnel policy showing eligibility

PRN Time Benefits

1. To include an PRN-related benefit in your budget, click "Add". If an individual is eligible for multiple fringe benefits, repeat this step for each benefit.
2. The Total Cost will automatically calculate as PRN/Premium x Percentage/# of Periods x % of Funding Requested.
3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.
4. PRN may not be reallocated to other lines during the contract period, this includes contract adjustments.

Select the applicable PRN fringe benefit to be included in the budget.

Category*

Enter text based on how the fringe benefit will be displayed on the claim/expenditure form if your application is successful. Enter something short but meaningful.

Item*

If the cost basis is a percentage of PRN time, enter the individual's Prn time total. If the cost basis is a set amount per month or pay period, enter the premium rate. If your agency expects a rate or premium change in any fringe benefit during the contract period, refer to the Grant Solicitation for further instructions and examples.

PRN/Premium*

If the cost basis is a percentage of overtime, enter the benefit percentage as a decimal. For example, FICA/Medicare (7.65%) would be entered as 0.0765. If the cost basis is a set amount per month or pay period, enter the number of periods.

Percentage/# of Periods*

Indicate the percentage of funding being requested for the specified benefit.

% of Funding Requested*

Indicate the percentage of PRN fringe benefit to be attributed to the project's local match share.

Local Match %*

Budget -PRN time Benefits Justification

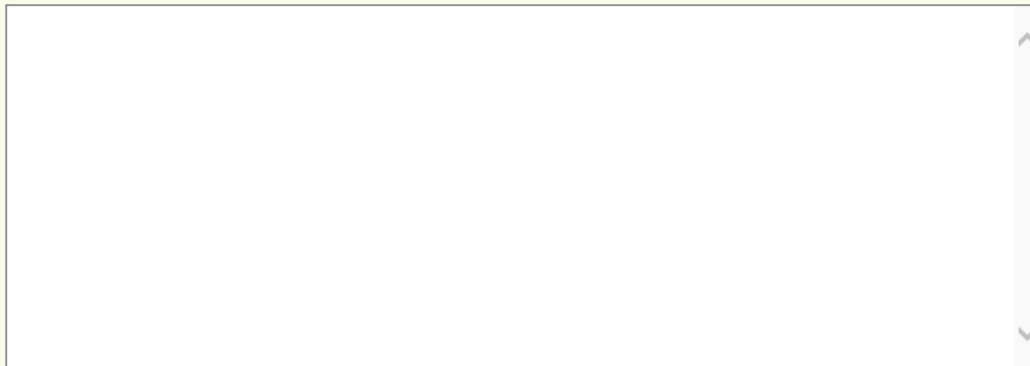
PRN Benefits Justification

PRN Benefits Justification

If PRN benefits are included in the budget, provide justification for each fringe benefit.

If using Match in this section please identify who will be providing these funds and describe the source of the funds.

If your agency anticipates a premium or rate change during the contract period, indicate the effective date of change and the reasoning for such change.



Budget-Volunteer MATCH

- * Volunteer Match
 - * Provide Description
 - * Automatically calculates at \$18.00/hour
 - * Employees (or Board members) cannot be volunteers
 - * Indicate the expected number of volunteers will be working and the type of services being provided by volunteer staff

Budget-Volunteer Match

Volunteer Match (18.00/hour rate)

Applicants requesting volunteer match please complete this section.

- 1. To include Volunteer Match as in-kind local match in your budget, click "Add". Repeat this step for each type of volunteer match.*
- 2. Volunteer hours will be calculated at the rate of \$18.00/hour.*
- 3. Only volunteer time that would otherwise be eligible through VOCA can be used towards the match requirement (direct services to victims). Time contributed by board members is not eligible for volunteer match.*
- 4. Employees of the agency cannot volunteer time per FLSA regulations; therefore, all volunteer time used as match must come from non-employees.*
- 5. The Local Match Share will automatically calculate as Number of Hours x \$18.00/hour.*

Description of Service Provided:*

Indicate the number of volunteers who will be providing the type of service indicated.

Number of Volunteers:*

Indicate the total number of hours to be contributed by the volunteer(s) for the type of service indicated.

Total Hours:*

Budget- Volunteer Match Justification

- * Provide the specific activities/duties of the volunteers
- * Volunteer *MATCH* is not required, but the use of volunteers in the provision of services is!

Budget- Volunteer Match Justification

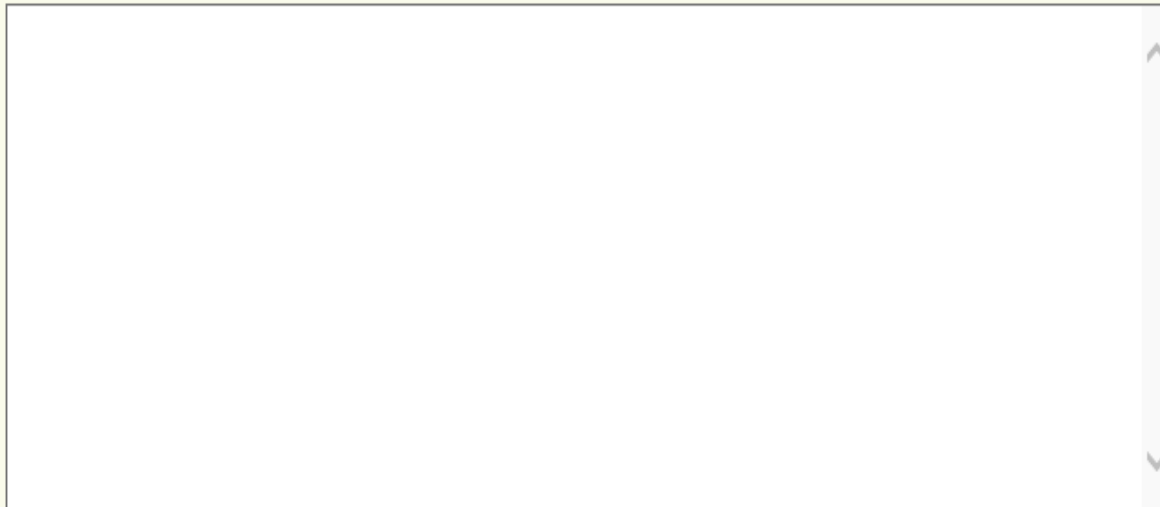
Volunteer Match Justification

Outline the specific activities/duties that the volunteers will be conducting and the amount of hours per activity/duty.

Do not simply list "direct services" - specify what those direct services will be.

Do not lump the services together with a total amount of hours. List the individual services to be provided and the amount of hours estimated per service.

List when services will be provided (day, evening, weekend).



Budget-On Call Volunteer Match

- * On-call volunteer time can only be claimed as one hour for every four hours on-call (or $.25 \times$ total number of hours) unless the on-call person is actively providing direct services to a victim.
- * Time spent working with a victim should be claimed as actual time (i.e., Volunteer is on-call for an 8-hour period. They are called out to meet a victim at the hospital and spend 2 hours with the victim. This is the only direct services provided during their 8 hours of on-call time. Time claimed is 2 hours direct service and 1.5 hours for the six hours spent on-call for a total of 3.5 hours)
- * Local Match Share will be automatically calculated at the one for four time.
- * On-call volunteer time used as match will be limited to 50% of the total required match on the grant.

Budget-On Call Volunteer Match

On-Call Volunteer Match (18.00/hour rate)

- 1. On-call volunteer time can only be claimed as one hour for every four hours on-call unless the on-call person is actively providing direct services to a victim.*
- 2. The form will automatically calculate the Local Match Share at the one for four time.*
- 3. On-call volunteer time used as match will be limited to 50% of the total required match on the grant.*

Description of Service Provided:*

Number of Volunteers:*

Total Number of Hours:*

Budget-On Call Volunteer Match Justification

- * Outline specific duties/activities volunteers will conduct
- * Explain how many volunteers the organization will use
- * Describe when volunteers will provide services (day, evening, weekend)

Budget-On Call Volunteer Match Justification

On-Call Volunteer Match Justification

Outline the specific activities/duties that the volunteers will be conducting and the amount of hours per activity/duty.

Do not simply list "direct services" - specify what those direct services will be.

Do not lump the services together with a total amount of hours. List the individual services to be provided and the amount of hours estimated per service.

Budget –Volunteer MATCH

- * For the 2017 VOCA grant applications, hours when volunteers are being trained may be counted as an allowable expense, but only if it is included in the grant application volunteer justification narrative section and includes a description of the training process provided to volunteers. If using volunteer hours as match, then also include the training description in the match budget justification narrative.

Budget –Travel/Training

- * Maximum mileage allowance is **37¢/mile** **or** the applicant agency rate, whichever is less
- * Attach agency travel policy, including agency reimbursement rate, with application (under “Required Attachments” form), if applicable

Budget –Travel/Training

- * Travel (cont'd)
 - * Meals and lodging: Per diem rates should be used to estimate costs
 - * <https://oa.mo.gov/accounting/state-employees/travel-portal-information/state-meals-diem>
 - * Conference registration is under Travel
 - * Remember to provide match amount (if applicable)
 - * Provide justification of any travel
 - * If increases (and/or line items new to the grant but not your agency) are being requested on the grant, please explain why it is being requested on the grant at this time and describe how public funds have not been used for this in the past.

Budget –Travel/Training

Travel/Training

1. To include travel- or training-related costs in the budget, click "Add". Repeat this step to include each expense.
2. Tuition or registration fees should be included on this form, but Consultant or Trainer Fees must be included under the Contractual budget category.
3. Travel must be by the most direct, practical route. The amount of mileage allowance shall not exceed \$0.37 per mile. Lodging and meal expenses shall adhere to the State per diem rates, which can be found at [Per Diem Rates](#). Incidentals will not be allowed. Agency travel policy will apply if such is more restrictive than those mentioned herein.
4. The Total Cost will automatically calculate as Unit Cost x Duration x Number.
5. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

Identify the type of expense. If requesting training, enter the name of the training or conference.

Item*

Select the applicable travel-related cost to include in the budget. **Fuel is not eligible.**

Category* ▼

Enter the amount or rate per month, mile, day, etc. being requested.

Unit Cost*

Enter the number of months, miles, days, etc to represent the duration or frequency of the requested expense. If the expense is a one-time fee, enter 1.

Duration*

Enter the number of vehicles, people, rooms, etc. being requested for the expense.

Number*

Indicate the percentage of the travel/training-related expense to be attributed to the project's local match share.

Local Match %*

Budget-Travel/Training Justification

- * If travel/training is included in the budget, provide justification for each expense and why such is necessary to the success of the proposed project.
- * If using Match in this section please identify who will be providing these funds and describe the source of the funds.
- * For training, identify the location and date(s) of the training. If either the location or date(s) is unknown, clearly identify such. Describe the anticipated benefit and/or a synopsis of the training and who will be attending such event.
- * Miscellaneous training must receive prior approval from DPS.
- * If an increase and/or new line item is being requested, please explain.

Budget-Travel/Training Justification

Travel/Training Justification

If travel/training is included in the budget, provide justification for each expense and why such is necessary to the success of the proposed project.

For training, identify the location and date(s) of the training. If either the location or date(s) is unknown, clearly identify such. Describe the anticipated benefit and/or a synopsis of the training and who will be attending such event.

If using Match in this section please identify who will be providing these funds and describe the source of the funds.

If an increases and/or new line items are being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

Budget Equipment

* Equipment

- * Must be reasonable and necessary to providing direct services to victims of crime
- * If used for purposes other than VOCA, the costs must be prorated
 - * Prorate costs based on the proposed VOCA budget
 - * Remember to provide match amount (if applicable)
- * If increases (and/or line items new to the grant but not your agency) are being requested on the grant, please explain.
- * If requesting a vehicle, it **MUST** receive prior approval, use the form.

Budget Equipment

Equipment

1. To include equipment in the budget, click "Add". To include more than one item, repeat this step for each budget item.
2. Equipment is defined as tangible property, having a useful life of more than one year. Equipment must be recorded and tracked in an Inventory Control Listing and tagged to reflect its source of funding, where possible. Items not meeting these guidelines should be listed in the Supplies/Operations budget category.
3. The Total Cost will automatically calculate as Unit Cost x Quantity x % of Funding Requested.
4. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

Provide any necessary details, if applicable, to describe the item, such as brand, model number, size, capability, included accessories, etc.

Item*

Identify the equipment item being requested.

Description

Provide the price of the item, including shipping, installation, etc., if applicable.

Unit Cost*

Provide the requested number of items to be purchased.

Quantity*

Provide the name of the vendor from which you obtained the unit pricing. If your application is approved, you will not be obligated to purchase the item from this vendor.

Source of Bid

Indicate the percentage of funding being requested for the equipment item.

% of Funding Requested*

Indicate the percentage of the equipment item to be attributed to the project's local match share.

Local Match %*

Budget-Equipment Justification

- * If equipment is included in the budget, provide justification for each budget line (preferably in the same order listed in the budget category). Make sure, at a minimum, to address the following information:
 - * What is the equipment item?
 - * How will the equipment item be used?
 - * Who will use the equipment item?
 - * State whether the equipment item is a replacement to current equipment, an addition to current equipment, or something the agency does not currently have.
 - * If using Match in this section please identify who will be providing these funds and describe the source of the funds.
 - * If an increase and/or new line item is being requested, please explain.

Budget-Equipment Justification

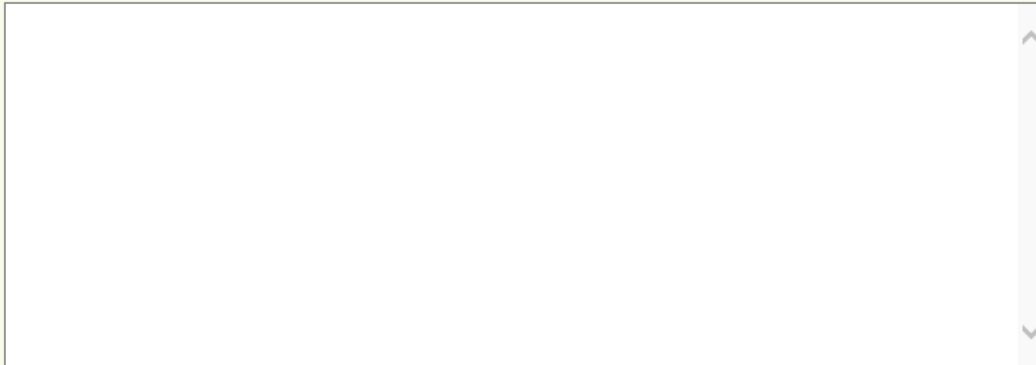
Equipment Justification

If equipment is included in the budget, provide justification for each item.

Address why the item is needed, whether it is a replacement or an addition, who will use it, and how it will be used.

If using Match in this section please identify who will be providing these funds and describe the source of the funds.

If an increases and/or new line items are being requested, please explain why it is being requested and how the agency has paid for this expense in the past.



Budget Supplies/Operations

- * Utilities (e.g., rent, telephone, internet, etc.) must be prorated based upon the VOCA budget
- * Office Supplies:
 - * Anything provided in the Office Supply list (WebGrants Manual) can be shown as one line item and generically labeled “office supplies”
 - * Anything not provided in this list must be a separate line item
- * If increases (and/or line items new to the grant but not your agency) are being requested on the grant, please explain why it is being requested on the grant at this time and how the agency has paid for this expense in the past.

Budget Supplies/Operations

- * Supplies/Operations (cont'd)
 - * Requests for printed items must be pre-approved by CVSU staff
 - * Remember to prorate supplies/operations based upon the VOCA budget vs. agency's budget
 - * Remember to show match amount (if applicable)

Budget Supplies/Operations

Supplies/Operations

1. To include a supply or operational expense in the budget, click "Add". To include more than one supply or operational expense, repeat this step for each budget item.
2. The Total Cost will automatically calculate as Unit Cost x Quantity x % of Funding Requested.
3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

Refer to the VOCA Solicitation for additional information.

List each budget item by type of supply or operational expense.

Item*

Select the basis for cost estimate to reflect the frequency of the unit cost.

Basis for Cost Estimate* ▼

Enter the amount or rate per day, month, quarter, year, person, etc. based on the frequency selected under Basis for Cost Estimate.

Unit Cost*

Enter the requested number of months, people, units, etc. If the expense is a one-time cost, enter 1.

Quantity*

Indicate the percentage of funding being requested for the supply/operational expense.

% of Funding Requested*

Indicate the percentage of the supply or operational expense to be attributed to the project's local match share.

Local Match %*

“The List”

- * **Office Supplies** – pens, pencils, markers, highlighters, paper, letterhead, envelopes, paper clips, rubber bands, stapler, staples, rolodex, rolodex cards, scissors, note pad, telephone log, calendar, tape, tape dispenser, memo pad, post-it notes, white out, typewriter ribbon, toner and print cartridges, correction tape, ruler, file folders, letter opener, hole punch, paper cutter, labels, dictionary, bulletin board, push pins, glue, blank tapes, flash drives and blank cd's, pencil/supplies holder, adding machine tape, business cards, phone cord, printer/computer cable, key tags, padlocks for cabinets, filing cart, index cards, notebook dividers, binder clips, ink-stamp, batteries for pagers, file box, binders, calculators. ***Any other item must be specifically requested and approved by DPS and designated as a separate line item.***

Budget-Supplies/Operations Justification

- * If supplies/operations are included in the budget, provide justification for each expense (preferably in the same order listed in the budget category). Make sure, at a minimum, to address the following information:
- * Why the supply or operational cost is necessary for the proposed project, making sure to clearly identify how the item will be used.
- * Who will use (or benefit from) the supply or operational cost.
- * If the agency anticipates a rate change during the project period for an operating expense, indicate the effective date of change and the reasoning for such change.
- * If the agency prorated any supplies, please explain.
- * If an increase and/or new line item is being requested, please explain.

Budget-Supplies/Operations Justification

Supplies/Operations Justification

Supplies/Operations Justification

If supplies/operations are included in the budget, provide justification for each expense. Address why the item is necessary for the proposed project, who will use it, and how it will be used.

If using Match in this section please identify who will be providing these funds and describe the source of the funds.

If your agency anticipates a rate change during the contract period, indicate the effective date of change and the reasoning for such change.

If an increases and/or new line items are being requested, please explain why it is being requested and how the agency has paid for this expense in the past.

Budget-Contractual

* Contractual

- * Agency must submit a written contract between your agency and the individual/company you are contracting with
 - * Must outline the services to be provided
 - * Time frame services will be provided
 - * The cost associated with providing the services
 - * If a contract is not yet in place, submit a draft copy of the contract for consideration
 - * If approved, agency will be required to submit a final signed contract
- * Remember to show match amount (if applicable)
- * If increases (and/or line items new to the grant but not your agency) are being requested on the grant, please explain why it is being requested on the grant at this time and how the agency has paid for this expense in the past.
- * Cannot exceed \$450/day or 56.25/hour

Budget-Contractual

Contractual

1. To include contractual services in the budget, click "Add". To include more than one type of contractual service, repeat this step for each budget item.
2. The Total Cost will automatically calculate as $\text{Unit Cost} \times \text{Quantity} \times \% \text{ of Funding Requested}$.
3. The Local Match Share will automatically calculate as $\text{Total Cost} \times \text{Local Match \%}$. The Federal/State Share will then automatically calculate as $\text{Total Cost} \text{ less Local Match Share}$.

Refer to the VOCA Solicitation for additional information.

Identify the type of contractual or consultant service.

Item*

Select the basis for cost estimate to reflect the frequency of the unit cost.

Basis for Cost Estimate*

Enter the amount or rate per hour, day, month, quarter, year, person, etc. based on the frequency selected under Basis for Cost Estimate.

Unit Cost*

Enter the requested number of months, quarters, hours, sessions, etc. If the expense is a one-time cost, enter 1.

Quantity*

Indicate the percentage of funding being requested for the contractual expense.

% of Funding Requested*

Indicate the percentage of the contractual or consultant service to be attributed to the project's local match share.

Local Match %*

Budget-Contractual Justification

- * If contractual services are included in the budget, provide justification for each expense. Address why each item is necessary for the proposed project and who will benefit from the services.
- * If using Match in this section please identify who will be providing these funds and describe the source of the funds.
- * If your agency anticipates a rate change during the contract period, indicate the effective date of change and the reasoning for such change.
- * If contractual budget items are necessary for the VOCA project, you must have a written contract for those services.
- * A draft contract should be submitted with the application in other attachments outlining what services will be performed, who will perform the requested contractual services, when they will be performed, and the rate at which they will be performed.
- * A final signed contract for services must be submitted prior to reimbursement.
- * If an increase and/or new line item is being requested, please explain

Budget-Contractual Justification

Contractual Justification

If contractual or consultant services are included in the budget, provide justification for each expense.

Address why each item is necessary for the proposed project and who will benefit from the services.

If using Match in this section please identify who will be providing these funds and describe the source of the funds.

If your agency anticipates a rate change during the contract period, indicate the effective date of change and the reasoning for such change.

If an increases and/or new line items are being requested, please explain why it is being requested and how the agency has paid for this in the past.

Budget-Indirect Costs

- * Indirect costs are an allowable expense under the VOCA program. Indirect costs are costs that are not directly accountable to a cost object. With this application agencies have the ability to apply for and receive indirect costs within the approved budget.
- * Applicants must indicate if their organization does or does not have a federally negotiated indirect cost rate agreement with a federal cognizant agency or is in the process of negotiating an indirect cost agreement with a federal cognizant agency.
- *

Budget-Indirect Costs

- * Applicants choosing to utilize indirect costs will fall into three categories:
- * (1) Applicant organizations which have a federally negotiated rate
- * (2) Applicant organizations that do not have and have never had a federally negotiated indirect cost rate and want to charge a de minimus rate of 10%, based on the organization's Modified Total Direct Costs (MTDC).
- * (3) Agencies which have a professionally prepared cost allocation plan with a suggested indirect cost rate.

Budget-Indirect Costs

- * (1) If the applicant agency has a federally negotiated indirect cost rate agreement with a federal cognizant agency they must indicate the approved rate below in building budget line, supply Indirect Cost approved agreement as an attachment with application, and not charge indirect cost areas in other budget areas.

Budget-Indirect Costs

- * (2) Applicant organizations that do not have a federally negotiated indirect cost rate may charge a de minimus rate of 10%, based on the organization's Modified Total Direct Costs (MTDC). MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). If utilizing the de minimus rate of 10% applicant agencies must enter 10% as indirect cost rate below in building budget line, supply basis for costs, certify they have no other approved indirect cost rate, and not charge indirect cost areas in other budget areas (salaries, benefits, materials, supplies, services, travel).

Budget-Indirect Costs

- (3) Applicant agencies that have a cost allocation plan, which has been professionally prepared by a CPA, county/city treasurer or finance director, in compliance with 2 C.F. R. part 200, specifically Appendix IV may submit such plan after certifying they have met all criteria in 2 C.F.R. part 200. Consideration by the CVSU will be given to the suggested rate, then a rate will be negotiated and agreed upon by both parties in the special conditions of the SAR. Budgets should be entered as if the suggested negotiated rate is the true rate. If utilizing the cost allocation plan applicant agencies must enter cost allocation rate, supply cost allocation plan as an attachment with application, and not charge costs associated with plan in other budget areas.

Budget-Indirect Costs

- * (1) Once a negotiated indirect cost rate is used, that rate is locked in for all grants until it is re-negotiated with the federal cognizant entity.
- * (2) The cost allocation plan must be re-prepared each time an application for grant is made.
- * (3) If using the de minimus rate of 10%, it is only on the first \$25,000 which is a maximum of \$2,500.

Indirect Costs

Indirect costs are an allowable expense under the VOCA program area. Indirect costs are costs that are not directly accountable to a cost object. With this application agencies have the ability to apply for and receive indirect costs within the approved budget.

Applicants must indicate if their organization does or does not have a federally negotiated indirect cost rate agreement with a federal cognizant agency or is in the process of negotiating an indirect cost agreement with a federal cognizant agency. Applicants choosing to utilize indirect costs will fall into three categories (1) Applicant organizations who have a federally negotiated rate (2) Applicant organizations that do not have and have never had a federally negotiated indirect cost rate and want to charge a de minimus rate of 10%, based on the organization's Modified Total Direct Costs (MTDC). (3) Agencies who have a professionally prepared cost allocation plan with a suggested indirect cost rate.

If applicant agency chooses to request indirect costs there are three ways to enter into the budget:

1. If the applicant agency has a federally negotiated indirect cost rate agreement with a federal cognizant agency they must indicate the approved rate below in building budget line, supply Indirect Cost approved agreement as an attachment with application, and not charge indirect cost areas in other budget areas.

2. Applicant organizations that do not have a federally negotiated indirect cost rate may charge a de minimus rate of 10%, based on the organization's Modified Total Direct Costs (MTDC). MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). If utilizing the de minimus rate of 10% applicant agencies must enter 10% as indirect cost rate below in building budget line, supply basis for costs, certify they have no other approved indirect cost rate, and not charge indirect cost areas in other budget areas (salaries, benefits, materials, supplies, services, travel).

3. Applicant agencies that have a cost allocation plan, which has been professionally prepared by a CPA, county/city treasurer or finance director, in compliance with 2 C.F.R. part 200, specifically Appendix IV may submit such plan after certifying they have met all criteria in 2 C.F.R. part 200. Consideration by the SAA will be given to the suggested rate, then a rate will be negotiated and agreed upon by both parties in the special conditions of the SAR. Budget should be entered as if the suggested negotiated rate is the true rate. If utilizing the cost allocation plan applicant agencies must enter cost allocation rate, supply cost allocation plan as an attachment with application, and not charge costs associated with plan in other budget areas.

Applicant organizations should keep in mind the following:

1. Once a negotiated indirect cost rate is used, that rate is locked in for all grants until it is re-negotiated with the federal cognizant entity.
2. The cost allocation plan must be re-prepared each time an application for grant is made.
3. If using the de minimus rate of 10%, it is only on the first \$25,000 which is a maximum of \$2,500.

Enter the total cost of the project including match? If utilizing de minimus rate of 10% enter project total or \$25,000 whichever is lower.

Project Costs: *

Select which indirect cost type applies to your agency.

Indirect Type *

Enter your indirect cost rate.

Indirect Rate: *

Indicate the percentage of indirect costs to be attributed to the project's local match share.

Local Match %: *

Budget-Indirect Cost Justification

- * If indirect costs are included in the budget, provide justification for cost basis.
- * If utilizing a federally negotiated indirect cost rate agreement please list the cognizant agency that approved the agreement and date.
- * If utilizing a de minimus rate of 10%, based on the organization's Modified Total Direct Costs (MTDC) provide the basis for costs. If using the de minimus rate of 10%, it is only on the first \$25,000 which is a maximum of \$2,500.
- * Applicant agencies that have a cost allocation plan, which has been professionally prepared by a CPA, county/city treasurer or finance director, in compliance with 2 C.F. R. part 200. If utilizing a cost allocation plan provide contact information for the person whom professionally prepared plan and date plan was prepared. Cost allocation plans must be re-prepared each time an application for grant is made.

Budget-Indirect Cost Justification

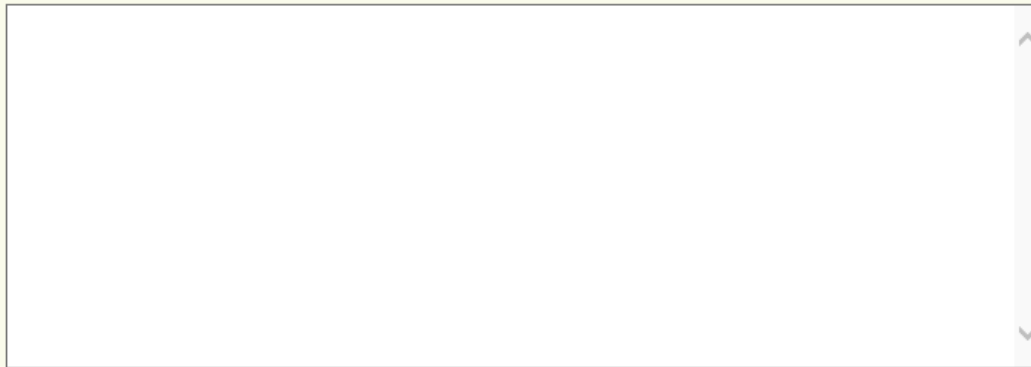
Indirect Cost Justification

If indirect costs are included in the budget, provide justification for cost basis.

If utilizing a federally negotiated indirect cost rate agreement please list the cognizant agency that approved the agreement and date.

If utilizing a de minimus rate of 10%, based on the organization's Modified Total Direct Costs (MTDC) provide the basis for costs. If using the de minimus rate of 10%, it is only on the first \$25,000 which is a maximum of \$2,500. .

Applicant agencies that have a cost allocation plan, which has been professionally prepared by a CPA, county/city treasurer or finance director, in compliance with 2 C.F. R. part 200. If utilizing a cost allocation plan provide contact information for the person whom professionally prepared plan and date plan was prepared. Cost allocation plans must be re-prepared each time an application for grant is made.



Non-Supplanting Certification Form #16


This form is utilized to gain an electronic binding certification that no public funds will be supplanted with VOCA funds.

Supplanting

Federal funds must be used to supplement any existing public funds for program activities and must not replace (supplant) those public funds that have been appropriated for the same purpose. Supplanting that involves public funds shall be the subject of application review, as well as pre-award review, post award monitoring and audit. Any supplanting of public funds may be grounds for potential suspension or termination of grant funding or recovery of funds already provided.

I, as my agency's Authorized Official certify that any funds awarded through the Victims of Crime Act (VOCA) grant shall be used to supplement existing public funds for program activities and will not replace (supplant) public non-federal funds that have been appropriated for the purposes and goals of the grant.

Select box to certify understanding:*

Date Certified:* 

VOCA Data Form #17

- * Prorates the VOCA funds requested by the types of victims to be served
- * Provides total number of victims to be served by this project
- * Provides the breakdown of “underserved” victims being served

VOCA Data Form #17

VOCA Data Form

Prorate the VOCA Funds Requested by putting the percentage by the types of victims to be served: (Please give your best estimates.) Please make sure your percentage comes out to 100%.

Domestic Violence: * %

Child Abuse: * %

Sexual Assault: * %

Total Underserved and Other: * %

Prorated Amounts and % of Underserved (\$ and % must equal \$ and % of Total Underserved and Other above): Please make sure your percentage comes out to 100%.

DUI/DWI Crashes: * %

Survivors of Homicide Victims: * %

Assault: * %

Adults Molested as Children: * %

Elder Abuse: * %

Robbery: * %

Other Violent Crimes: * %

Indicate the anticipated number of victims to be served by this VOCA funded project:

Total Victims of Crime: *

Not including Hotline Calls

Indicate the anticipated breakdown of victims to be served, and the anticipated number of hotline calls and bed nights provided for this VOCA funded project.

Women:

Men:

Children:

Hotline Calls:

Bed-Nights:

Other Funding Sources Form #18

- ❖ Details other funding sources of the ORGANIZATION, list all sources over \$5000 separately

Instructions	
<i>This form should be used to list any other funds used for the organization as a whole (i.e. any salary, fringe benefits, etc. not covered by the grant). List any sources over \$5,000 and list each source SEPARATELY.</i>	
Other Funding Sources	
Source of Funding*	<input type="text"/>
Amount*	<input type="text" value="\$0.00"/>
Description of the Funding*	<input type="text"/>
Funding Period*	<input type="text"/>
Expenditures Covered by Funding*	<input type="text"/>

Self Evaluation Risk Assessment Form #19

- * This is a new form that gathers information to assist internal staff with risk assessment evaluation.

Risk Assessment

Missouri Crime Victim Services Unit requests completion of the following self-evaluation risk assessment. This is a mandatory form to comply with 2 CFR 200.331 requirement to evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring.

1. Does your agency have prior experience with the same or a similar grant program? Yes No

2. Are there any findings in the most recent audit that pertain to this or a similar grant program? Yes No

2. a. If there are findings in the most recent audit please describe findings.

100 Character Limit

3. Does the agency receive any direct Federal awards? Yes No

4. Does the agency have new personnel that will be working on this subaward? Yes No


4.a. If yes, who are the new staff and what are their positions?

5. Does the agency have new fiscal or time accounting systems? Yes No

5.a. If yes, what system has changed?

Risk Assessment Completed By:

Enter name and title.

Date Risk Assessment Completed: 

Audit Requirements Form #20

- * Addresses federal and state funding received by the agency
- * Audit is required to be submitted when over:
 - * \$750,000 in Federal funds are expended during the agency fiscal year (from any Federal source)
 - * \$375,000 from state sources
- * [OJP Financial Guide, Chapter 3.19, Audit Requirements](#)

Instructions	
<i>This form is necessary for the Missouri Department of Public Safety to gather general audit information relating to your agency.</i>	
<i>If awarded federal/state grant funds under this application, you will be required, at a later date, to submit a copy of your agency's last financial audit if you meet the following conditions:</i>	
<ul style="list-style-type: none"><i>• An audit is required for the agency fiscal year, when STATE financial assistance, (which consists of funds received directly from the State of Missouri, but does not include federal pass-through funds), of \$375,000 or more is expended by the applicant agency.</i><i>• An audit is required for the agency fiscal year, when FEDERAL financial assistance, (which consists of funds received directly from the Federal Government or federal funds passed through state agencies), of \$750,000 or more is expended by the applicant agency.</i>	
<i>No audit of any type is required when STATE financial assistance of less than \$375,000 or FEDERAL financial assistance of less than \$750,000 is expended. However, the recipient must maintain detailed records on grant activity required for such grants.</i>	
<i>NOTE: State Auditor of Missouri audits all state agencies, third class counties, and all judicial circuits. First, second, and fourth-class counties and other local political subdivisions and not-for-profit agencies must make arrangements with a private CPA firm to perform an audit.</i>	
<i>Please attach the agency's last audit in "other attachments"</i>	
Audit Requirements	
Date last audit was completed: *	<input type="text"/>
Date(s) covered by last audit: *	<input type="text"/>
Last audit performed by: *	<input type="text"/>
Phone number of auditor: *	<input type="text"/>
Date of next audit: *	<input type="text"/>
Date(s) to be covered by next audit: *	<input type="text"/>
Next audit will be performed by: *	<input type="text"/>
<i>Total amount of financial assistance received from all entities, including the Missouri Department of Public Safety, during the date(s) covered by your agency's last audit, as indicated above.</i>	
<i>The Federal Amount refers to funds received directly from the Federal Government or federal funds passed through state agencies in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance.</i>	
<i>The State Amount refers to funds received directly from the State of Missouri, not including federal pass-thru funds, in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance.</i>	
Federal Amount: *	<input type="text" value="\$0.00"/>
State Amount: *	<input type="text" value="\$0.00"/>

Required Attachments Form #21

* Required

- * Agency Organization Chart (Positions and Names Labeled)
- * Most recent pay stub for personnel requested
- * Job Descriptions for individuals involved with grant
- * Most recent Profit/Loss Statement
 - * With Expenditure Breakdown
- * Agency Budget (current AND past)
- * Letters of Collaboration (at least 3) or an MOU with at least 3 agencies signed on

* Required, if Applicable

- * Copy of Contractual Agreement / Rental Agreement
- * Agency Procurement/Purchasing Policy
- * Agency Personnel Policy
- * Agency Mileage Reimbursement Policy
- * Board of Directors List
- * Documentation of Non-profit Status (Letter from Federal Gov)
- * Most recent submitted 990
- * Indirect cost rate sheet/cost allocation plan
- * Audit/ financial statements

Required Attachments Form #21

Instructions

To save or edit this form, click Save or Edit button in the upper right hand corner of the screen. Need more help? Click Help in the upper left hand corner of the screen.

Instructions: The purpose of this form is to collect multiple documents that will aid reviewers in determining an organization's ability to abide by the grant process, procedures, guidelines, regulations and laws. These documents are required as they are essential in making decisions regarding funding. Please attach the following:

A detailed copy of the agency's organizational chart (REQUIRED)-The chart must include the positions and names pertinent to this project.

Agency procurement (purchasing) policy (if Applicable) - Submit only if requesting travel, supplies/ops, equipment or contractual expenses.

Agency mileage reimbursement policy (if Applicable) - Submit only if requesting mileage reimbursement.

Job descriptions for personnel involved in this proposed project (REQUIRED) - These should include the job duties for each funded/partially funded position and the minimum qualifications for each position. Also submit this information for anyone benefiting from the grant (i.e. equipment, travel, mileage etc.)

Agency's most recent profit/loss statement (If Applicable)

- Please provide the actual expenditure and income breakdown.

Agency Budget (Current) REQUIRED - Please provide a copy of the agency's current budget and next proposed budget if current budget will end before December of the current year. **Please make sure grant funding sources greater than \$5,000.00 are identified in the budget.**

Agency Budget (Past) REQUIRED - Please provide a copy of the agency's past budget. **Please make sure grant funding sources greater than \$5,000.00 are identified in the budget.**

A list of the organization's Board of Directors (if Applicable) - This list should include the positions/titles held by the Board Members and addresses that are not the agency address.

Documentation of Nonprofit Status (if Applicable) - Please do not send the agency's tax-exempt status letter from the State of Missouri in lieu of the 501(c) or other qualifying organization letter from the Federal Internal Revenue Service

Letters of Collaboration (REQUIRED) - At least three (3) letters of collaboration should be from agencies who work with the applicant agency to provide effective services to victims of crime in the community or service area. Letters from victims/clients are **not** acceptable.

Copies of Contractual Agreements or proposed agreement to be used (if applicable) - A draft contract should be submitted with the application outlining what services will be performed, who will perform the requested contractual services, when they will be performed, and the rate at which they will be performed.

Most recent pay stub for requested personnel. (if applicable)

Agency's most recent Form 990 (if applicable)

If requesting indirect cost upload indirect cost rate agreement, de minimus rate documentation or cost allocation plan (if applicable)

Submit a copy of your agency's last financial audit or financial reports and statements.

Online Help:

Named Attachments			Add
Show	Field	Required?	Order
✓	A detailed copy of the agency's organizational chart (REQUIRED)	✓	1
✓	Agency's procurement (purchasing) policy (If Applicable)		2
✓	Agency's mileage reimbursement policy (If Applicable)		3
✓	Job descriptions for personnel involved in this proposed project (REQUIRED)	✓	4
✓	Agency's most recent profit/loss statement		5
✓	Your Agency Budget (Current) REQUIRED	✓	6
✓	Agency Budget (Past) REQUIRED	✓	7
✓	A list of your organization's Board of Directors (If Applicable)		8
✓	Documentation of Nonprofit status (If Applicable)		9
✓	Letters of Collaboration (REQUIRED)	✓	10
✓	Copy of Contractual Agreement to be used (If applicable)		11
✓	Most recent pay stub requested personnel (If applicable)		12
✓	Agency's most Recent Form 990 (If applicable)		13
✓	Indirect Cost Rate Agreement, De Minimus Rate Documentation or Cost Allocation Plan (If applicable)		14
✓	Submit a copy of your agency's last financial audit or financial reports. REQUIRED	✓	15

Other Attachments Form #22

- * May include:
 - * Copy of client surveys
 - * Match Waiver Request Letter
 - * Equipment quotes
 - * Letters of support
 - * Flow charts
 - * Etc.

Instructions

To save or edit this form, click Save or Edit button in the upper right hand corner of the screen. Need more help? Click Help in the upper left hand corner of the screen.

Instructions:

- To **attach any other documents**, click "Add".
- To **delete an uploaded file**, click the recycle bin in the Delete column.
- If you have no additional attachments to include in your application, just select "Mark as Complete".

The Missouri Department of Public Safety can support the following file types: Word (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a file type that the Missouri Department of Public Safety does not have software to open or the file is corrupted and cannot be opened, the attachment may not be considered.

If this document is saved on a computer or disk, search for the file location and upload it. The Description field should merely name the attachment, not provide extensive details about the attachment.

If this document is not saved on a computer or disk but is rather a sheet of printed paper, it will need to be scanned and saved to a computer file location. If the document is multiple pages, check your scanner settings to ensure the pages can be saved as one file or use the free, online tool called [PDF Merge](#) if it is necessary to combine multiple 1-page scans into 1 saved document.

NOTE: Do not attach password protected documents as the Print to PDF feature will not be able to open such file types. Types of files to be uploaded include but are not limited to: Audit documents, Vendor quotes for equipment, Letters of support, Flow charts, Surveys, Match Waiver Request letters, any other information the applicant feels the review panel needs to know.

Online Help:

Single Value [Edit Section Properties](#) | [Edit Fields](#) | [Add New Field](#)

Show?	Field	Label	Data Type	Internal Edit Only?	Internal Use Only?	View Only?	Required?	Order
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Subgrant Award Report (SAR)

Form #23

- * This form gathers information necessary to begin the grant or place it in “underway” status.
- * Previously this form has been emailed to subrecipients and emailed back to CVSU for input into federal databases.
- * CVSU has now placed this in the application process to help with streamlining. Please fill in all of the boxes with red asterisks (*) and any others for which information is available.
- * Some boxes will have to be completed after award, but before underway status is granted.

First section

The screenshot displays the 'Subgrant Award Form (SAR)' interface. At the top right, there is a 'Preview Component' link. The form is divided into several sections:

- Program Area:** Victims of Crime Act (VOCA)
- Module:** Application
- Form Type:** Standard

Subgrant Organization Information

- Subgrant Organization Name:
- Subgrant Organization Address:
- Subgrant Organization City:
- Subgrant Organization State:
- Subgrant Organization Zip:

Select if your entity is a type of government, agency, or organization.

- Type of Entity:
- Entity Designation:

Point of Contact

- Point of Contact Name:
- Point of Contact E-Mail Address:
- Point of Contact Phone Number:

Grant Details

Enter the Grant # if known.

- Grant #:
- Grant Amount:
- Project start date:
- Project end date:

Purpose of the VOCA Subaward (check all that apply)

- Purpose: A.) Continue a VOCA-funded victim project funded in a previous year
- B.) Expand or enhance an existing project not funded by VOCA in a previous year
- C.) Start a new victim services project

Select all counties that cover the service area for this organization. The counties listed should match the counties listed in the organization's most recent VOCA application.

- Service Area:

Select if a match waiver was submitted

Subgrant Award Report (SAR)

Form #23

Second section

Third section

Match Waiver: Yes No

Check the category of service and subcategory that best identifies the types of services or activities that will be provided by the VOCA-funded project, as described below. Note: Report only those program activities that will be implemented with VOCA funds. Do not report services offered by another agency. The selections in this section should match the information in the organization's most recent VOCA application.

Check all that apply in the following sections:

Information & Referral
 Personal Advocacy/Accompaniment
 Emotional Support of Safety Services
 Shelter/Housing Services
 Criminal/Civil Justice System Assistance

Information & Referral	Information about the criminal justice process Information about victim rights, how to obtain notifications, etc. Referral to other victim service programs Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address-confidentiality programs, etc.)
Personal Advocacy/Accompaniment:	Victim advocacy/accompaniment to emergency medical care Victim advocacy/accompaniment to medical forensic exam Law enforcement interview advocacy/accompaniment Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects) Performance of medical forensic exam or interview, or medical evidence collection
Emotional Support of Safety Services	Crisis intervention (in-person, includes safety planning, etc.) Hotline/crisis line counseling On-scene crisis response (e.g., community crisis response) Individual counseling Support groups (facilitate or peer)
Shelter/Housing Services	Emergency shelter or safe house Transitional housing Relocation assistance (includes assistance with obtaining housing)
Criminal/Civil Justice System Assistance	Notification of criminal justice events (case status, arrest, court proceedings, case disposition, release, etc.) Victim impact statement assistance Assistance with restitution (includes assistance in requesting and when collection efforts are not successful) Civil legal assistance in obtaining protection or restraining order Civil legal assistance with family law issues (e.g., custody, visitation, or support)

Annual Funding Amounts

Indicate the fiscal year of the subgrantee organization

Explanation
 Oct-Sept
 July-June
 Other, please define

Fiscal Year:

Annual funding amounts allocated to all victimization programs and/or services for the current fiscal year.

Identify by source the amount of funds allocated to the victimization programs/services budget of the subgrantee agency

Other Federal includes all federal funding except the subaward amount requesting in this application.

VOCA Subaward Amount:

State/Territory:

Local:

Other Federal:

Other Non-Federal:

Enter the total number of paid staff for all subgrantee victimization programs and/or services. This is total number of paid full-time equivalent staff (FTE) for the current fiscal year.

Number of paid staff:

Enter the number of FTE staff funded through this VOCA award (plus match) for subgrantee's victimization programs and/or services. Total number of the VOCA funded staff by FTE for the current fiscal year.

VOCA FTE staff:

Enter the number of volunteer hours supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services. Total count of hours to be worked by all volunteers supporting the work of this VOCA subaward plus match.

Volunteer Hours:

Application Certified Assurances

Form #24

- * The Subrecipient assures that it shall comply, and all its Subrecipients shall comply, with the applicable provisions of the “2017 Notice of Funding Opportunity”, the “[DPS Financial and Administrative Guide](#)”, any applicable federal nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d); 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 Violence Against Women Reauthorization Act of 2013 (42 U.S.C. 13925(b)(13)); 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, 1685-86); 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); Ex. Order 13279 (equal protection of the laws for faith-based and community organizations); and 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations), the Victims of Crime Act (VOCA) of 1984, 42 U.S.C. 10603 (a)(2) and (b)(1) and (2) and the applicable Program Guidelines and Regulations; 28 C.F.R. Part 94; 2 C.F.R. 200; 2 C.F.R. part 2800; the Missouri Department of Public Safety VOCA Request for Proposal and Application Packet for the specified subaward period and other applicable federal and state laws, orders, circulars, or regulations.
- * The Subrecipient assures that it shall comply, and all its Subrecipients shall comply, with the applicable provisions of the VOCA Notice of Funding Opportunity, the DPS Financial and Administrative Guide, the Travel Guidelines, and other applicable state laws or regulations.

Application Certified Assurances

- * **Compliance Training:** As a recipient of federal or state funds, the Subrecipient is required to attend the Compliance Training hosted by the Missouri Department of Public Safety.
- * **Non-Supplanting:** The Subrecipient assures that federal or state funds made available under this subaward will not be used to supplant other federal, state or local public funds, but will be used to increase the amount of funds that would, in the absence of these funds, be made available for the activities of this project.
- * **Subaward Adjustments:** The Subrecipient understands that any deviation from the approved subaward must have *prior approval* from the Missouri Department of Public Safety. No additional funding shall be awarded to a Subrecipient but changes from one budget line to another budget line may be possible if the request is allowable and within the scope of the guidelines. Prior approval must be requested as via the 'Subaward Adjustment' component of WebGrants.

Application Certified Assurances

- * **Monitoring:** The Subrecipient agrees to maintain the records necessary to evaluate the effectiveness of the project. In addition, the Subrecipient assures that all documentation or records relating to this subaward shall be made available to monitoring representatives of the Missouri Department of Public Safety, Office of the Director, immediately upon request. The Subrecipient assures that fund accounting, auditing, monitoring, and such evaluation procedures as may be necessary to keep such records as the Missouri Department of Public Safety, Office of the Director, shall prescribe will be implemented to ensure fiscal control, proper management, and efficient disbursement of funds received under this subaward.
- * **Criminal Activity:** The Subrecipient assures to formally report to the Missouri Department of Public Safety within 48 hours of notification that a Department of Public Safety grant-funded individual is arrested for or formally charged with a misdemeanor or felony regardless if the criminal offense is related to the individual's employment. The Department of Public Safety reserves the right to suspend or terminate grant funding pending the adjudication of the criminal offense.

Application Certified Assurances

- * The Subrecipient shall not make false statements or claims in connection with any Office of Justice Programs or DPS state funded grant. The result of such false statements or claims includes fines, imprisonment, and debarment from participating in state and federal grants or subaward, and/or other remedy by law. The Subrecipient must promptly refer to the Department of Justice, Office of Inspector General and Missouri Department of Public Safety any credible evidence that a principal, employee, agent, Subrecipient, or other person has either:
 - * Submitted a false claim for grant funds under the False Claims Act or
 - * Committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds
- * For Subrecipients of federal grant funding, potential fraud, waste, abuse, or misconduct must be reported to the DPS and OIG by mail at following address.

Application Certified Assurances

Missouri Department of Public Safety
Office of the Director
Attention: Crime Victim Services Unit (VOCA)
P.O. Box 749
1101 Riverside Drive
Jefferson City, MO 65102-0749

Office of Inspector General
Office of Justice Programs and Investigation Division
950 Pennsylvania Avenue, N.W., Room 4706
Washington D.C. 20530

- * The Department of Public Safety reserves the right to suspend or terminate grant funding pending the adjudication of the criminal offense.

Application Certified Assurances

- * **Non-Disclosure Agreements:** The Subrecipient understands it cannot require any employee or subawardors to sign an internal confidentiality agreement or statement that prohibits or otherwise restricts, or purports to prohibit or restrict, the reporting (in accordance with law) of waste, fraud, or abuse to an investigative or law enforcement representative of a federal department or agency authorized to receive such information.
- * The foregoing is not intended, and shall not be understood by the Subrecipient, to contravene requirements applicable to Standard Form 312 (which relates to classified information), Form 4414 (which relates to sensitive compartmented information), or any other form issued by a federal department of agency governing the nondisclosure of classified information.

Application Certified Assurances

- * In accepting this subaward, the Subrecipient:
 - * Represents that it neither requires nor has required internal confidentiality agreements or statements from employees or subawardors that currently prohibit or otherwise currently restrict (or purport to prohibit or restrict) employees or subawardors from reporting waste, fraud, or abuse as described above; and
 - * Certifies that, if it learns or is notified that it is or has been requiring its employees or subawardors to exercise agreements or statements that prohibit or otherwise restrict (or purport to prohibit or restrict), reporting of waste, fraud, or abuse as described above, it will immediately stop any further obligations of award funds, will provide prompt written notification to the Missouri Department of public Safety, and will resume (or permit resumption of) such obligations only if expressly authorized to do so by the Missouri Department of Public Safety.

Application Certified Assurances

- * **Lobbying:** The Subrecipient understands and agrees that it cannot use any federal or state funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government.
- * Applicants for DPS awards with total costs expected to exceed \$100,000 are required to certify that (1) they have not made, and will not make, such a prohibited payment, (2) they will be responsible for reporting the use of non-appropriated funds for such purposes, and (3) they will include these requirements in consortium agreements and subawards under grants that will exceed \$100,000 and obtain necessary certifications from those consortium participants and Subrecipients.
- * The signature of the authorized organizational official on the application serves as the required certification of compliance for the applicant organization. DPS appropriated funds may not be used to pay the salary or expenses of an employee of a grantee, consortium participant, or Subrecipient or those of an agent related to any activity designed to influence legislation or appropriations pending before Congress or any State legislature.

Application Certified Assurances

* **Fair Labor Standards Act:** All Subrecipients of federal funds will comply with the minimum wage and maximum hour provisions of the Federal Fair Labor Standards Act.

* **Employment of Unauthorized Aliens:** Pursuant to [Section 285.530 RSMo](#), the Subrecipient assures that it does not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri, and shall affirm, by sworn affidavit and provision of documentation, its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the subawarded services. Further, the Subrecipient shall sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the subawarded services.

* In accordance with Sections [285.525](#) to [285.550](#), RSMo a general Subrecipient or Subrecipient of any tier shall not be liable when such Subrecipient or Subrecipient subawards with its direct Subrecipient who violates subsection 1 of Section [285.530](#), RSMo if the subaward binding the Subrecipient and Subrecipient affirmatively states that the direct Subrecipient is not knowingly in violation of subsection 1 of Section [285.530](#), RSMo and shall not henceforth be in such violation and the Subrecipient or Subrecipient receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct Subrecipient's employees are lawfully present in the United States.

Application Certified Assurances

- * **Relationship**: The Subrecipient agrees that they will represent themselves to be an independent Subrecipient offering such services to the general public and shall not represent themselves or their employees to be employees of the Missouri Department of Public Safety or the Office of the Director. The Subrecipient shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, workers' compensation, employee insurance, minimum wage requirements, overtime, etc.
- * **Uniform Crime Reporting (UCR)**: If the Subrecipient is a law enforcement agency, the Subrecipient assures that its law enforcement agency is in full compliance with [Section 43.505 RSMo](#) relating to uniform crime reporting and will remain in full compliance for the duration of the subaward period.
- * **Racial Profiling**: If the Subrecipient is a law enforcement agency, the Subrecipient assures that its law enforcement agency is in full compliance with [Section 590.650 RSMo](#) relating to racial profiling and will remain in full compliance for the duration of the subaward period.

Application Certified Assurances

- * **Federal Equitable Sharing Funds:** If the Subrecipient is a law enforcement agency, the Subrecipient assures that its law enforcement agency is in compliance with [Section 513.653 RSMo](#) relating to participation in the federal forfeiture system and the reporting of proceeds received therefrom to the Missouri Department of Public Safety and the Missouri State Auditor.
- * **Custodial Interrogations:** If the Subrecipient is a law enforcement agency, the Subrecipient assures that its law enforcement agency is in full compliance with [Section 590.700 RSMo](#) relating to custodial interrogations and has adopted a written policy to record custodial interrogations of persons suspected of committing or attempting to commit the felony crimes described in subsection 2 of this statute.

Application Certified Assurances

- * **DWI Law:** If the Subrecipient is a law enforcement agency, the Subrecipient assures that its law enforcement agency is in full compliance with [Section 43.544 RSMo](#) relating to the “DWI Law” and has adopted a written policy to forward arrest information for all intoxication-related traffic offenses to the central repository as required by [Section 43.503 RSMo](#). In addition, the Subrecipient assures that its county prosecuting attorney or municipal prosecutor is in full compliance with [Section 43.544 RSMo](#) and has adopted a written policy to forward all charge information for intoxication-related traffic offenses to the central repository as required by [Section 43.503 RSMo](#).
- * **Texting While Driving:** Pursuant to Executive Order 13513, “Federal Leadership on Reducing Text Messaging While Driving,” 74 Fed. Reg. 51225 (October 1, 2009), the Missouri Department of Public Safety encourages the Subrecipient to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this grant, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.

Application Certified Assurances

- * **Drug-Free Workplace Act of 1988:** The Subrecipient assures that it will comply, and all its Subrecipients will comply, with the [Drug-Free Workplace Act of 1988](#). The Law further requires that all individual Subrecipients and grant recipients, regardless of dollar amount/value of the subaward or grant, comply with the Law.
- * **Sanctuary Cities-** If the Subrecipient is a governmental entity, the Subrecipient assures that their governing body has made no laws, rules or regulations that would cause the entity to take action or fail to take action in violation of section 67.307.2, RSMo, or Executive Order 13768, dated January 25, 2017.

Application Certified Assurances

Civil Rights:

- * **Enforcing Civil Rights Laws:** The Subrecipient acknowledges that all recipients of Federal financial assistance, regardless of the particular source, the amount of the grant award, or the number of employees in the workforce, are subject to the prohibitions against unlawful discrimination. Accordingly, the Office for Civil Rights at the Office of Justice Programs of the United States Department of Justice (OCR) investigates subrecipients that are the subject of discrimination complaints from both individuals and groups.
- * **Discrimination:** The Subrecipient acknowledges that federal laws prohibit recipients of financial assistance from discriminating on the basis of race, color, national origin, religion, sex, or disability in funded programs or activities, not only in respect to employment practices but also in the delivery of services or benefits. Federal law also prohibits funded programs or activities from discriminating on the basis of age in the delivery of services or benefits.

Application Certified Assurances

- * **Limited English Proficiency (LEP):** The Subrecipient assures that, in accordance with the *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against national Origin Discrimination Affecting Limited English Persons*, 67 Fed. Reg. 41455 (June 18, 2002) as it pertains to Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, recipients of Federal financial assistance must take reasonable steps to ensure meaningful access to their programs and activities for persons with limited English proficiency (LEP). “Meaningful access” will generally involve some combination of oral interpretation services and written translation of vital documents. For more information, visit <http://www.lep.gov>.

Application Certified Assurances

- * **Equal Employment Opportunity Plan (EEOP)**: The Subrecipient agrees to comply with the applicable requirements of 28 C.F.R. pt 42, subpt. E., DOJ's Equal Employment Opportunity Program (EEOP) Guidelines. The Subrecipient will maintain an EEOP *Utilization Report* if the Subrecipient (1) is a state or local government agency or any business; and (2) has 50 or more employees; and (3) receives a single award of \$25,000 or more from the Office of Justice Programs (OJP), Office on Violence Against Women (OVW), or Community Oriented Policing Services (COPS).
- * If the Subrecipient does not meet all the aforementioned criteria, the Subrecipient is exempt from preparing the EEOP *Utilization Report*; however, all Subrecipients, regardless of their EEOP obligations, must complete the EEOP *Certification Form*, in which the Subrecipient declares its satisfaction of its obligations.
- * For more information, visit <http://ojp.gov/about/ocr/eeop.htm>.

Application Certified Assurances

- * **Using Arrest and Conviction Records for Employment Decisions:** The Subrecipient understands the Office for Civil Rights (OCR) issued an advisory document for recipients of federal financial assistance on the proper use of arrest and conviction records in making hiring decisions. Refer to *Advisory for Recipients of Financial Assistance from the U.S. Department of Justice on the U.S. Equal Employment Opportunity Commission's Enforcement Guidance: Consideration of Arrest and Conviction Records in Employment Decisions Under Title VII of the Civil Rights Act of 1964* (June 2013), available at http://ojp.gov/about/ocr/pdfs/UseofConviction_Advisory.pdf.
- * Subrecipients should be mindful that the misuse of arrest or conviction records to screen either applicants for employment or employees for retention or promotion may have a disparate impact based on race or national origin, resulting in unlawful employment discrimination. In light of the Advisory, Subrecipients should consult local counsel in reviewing their employment practices. If warranted, Subrecipients should also incorporate an analysis of the use of arrest and conviction records in their Equal Employment Opportunity Plans (EEOs).

Application Certified Assurances

- * **Finding of Discrimination:** The Subrecipient assures that, 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 or sex against a recipient of funds, the Subrecipient will forward a copy of the court judgment to the Missouri Department of Public Safety within 30 days of the court judgment date. The Missouri Department of Public Safety will act as the liaison in all civil rights matters with the Office of Civil Rights, Office of Justice Programs.
- * **Unlawful Employment Practices:** The Subrecipient assures compliance with [Section 213.055 RSMo](#) in regards to non-discrimination in employment practices as it relates to race, color, religion, national origin, sex, ancestry, age, or disability.
- * **Discrimination in Public Accommodations:** The Subrecipient assures compliance with [Section 213.065 RSMo](#) in regards to non-discrimination in public accommodations as it relates to accommodations, advantages, facilities, services, or privileges made available in place of public accommodations.

Application Certified Assurances

- * **Fund Availability:** The Subrecipient understands all subawards are subject to the availability of appropriated funds and any modifications or additional requirements that may be imposed by law. It is understood and agreed upon that, in the event funds from state sources are not appropriated and continued at an aggregate level sufficient to cover the subaward costs, or in the event of a change in state law relevant to these costs, the obligations of each party hereunder shall thereupon be terminated immediately upon receipt of written notice.
- * **Release of Funds:** No funds will be disbursed under this subaward until such time as all required documents are signed by the Subrecipient Authorized Official and Project Director and returned to the Missouri Department of Public Safety, Office of the Director for final review and signature by the Director or his/her designee.
- * **Financial Guide:** The Subrecipient agrees to comply with the financial and administrative requirements set forth in the current edition of the [Office of Justice Programs \(OJP\) Financial Guide](#).

Application Certified Assurances

Allowable Costs: The Subrecipient understands that only allowable and approved subaward expenditures will be reimbursed under this subaward. These monies may not be utilized to pay debts incurred by other activities. The Subrecipient agrees to obligate funds no later than the last day of the subaward period. Any deviation from the approved subaward must have prior approval from the Missouri Department of Public Safety. The Subrecipient shall fully coordinate all activities in the performance of the project with those of the Missouri Department of Public Safety.

- * **Financial Reporting Requirements:** The Subrecipient agrees to complete and submit any financial reports required for this program as outlined in the VOCA Notice of Funding Opportunity. Failure to submit reports by the deadline dates may result in delay for reimbursement requests and/or cancellation of the subaward.
- * **Project Income:** The Subrecipient agrees to account for project income generated by the activities of this subaward, and shall report receipts and expenditures of this income on the monthly Claim report. The Subrecipient understands that all project income generated as a result of this subaward shall be expended during the life of the subaward.

Application Certified Assurances

- * **Procurement:** The Subrecipient assures that all procurement transactions whether negotiated or competitively bid and without regard to dollar value shall be conducted in a manner to provide maximum open and free competition. In addition, the Subrecipient assures that all procurement transactions will meet the minimum standards set forth in the [*DPS & CVSU Financial and Administrative Guidelines*](#) and identified here:
 - * All quotations and the rationale behind the selection of a source of supply shall be retained, attached to the purchase order copy, and placed in the accounting files.
 - * Purchases to a single vendor totaling less than \$3,000 may be purchased with prudence on the open market.
 - * Purchases estimated to total between \$3,000 but less than \$24,999 to a single vendor, must be competitively bid, but need not be solicited by mail or advertisement.
 - * Purchases with an estimated total of \$25,000 or over to a single vendor shall be advertised for bids in at least two daily newspapers of general circulation in such places as are most likely to reach prospective bidders at least five days before bids for such purchases are to be opened.
 - * Where only one bid or positive proposal is received, it is deemed to be sole source procurement.
 - * Sole source procurement on purchases to a single vendor of \$3,000 and over requires prior approval from the Missouri Department of Public Safety.

Application Certified Assurances

- * **Buy American:** The Subrecipient acknowledges [Sections 34.350-34.359 RSMo](#) regarding the Domestic Product Procurement Act (or commonly referred to as the Buy American Act) and the requirement to purchase or lease goods manufactured or produced in the United States, unless exceptions to the Buy American mandate in [Section 34.353 RSMo](#) are met.
- * **Buy Missouri:** The Subrecipient also acknowledges [Sections 34.070 and 34.073 RSMo](#) regarding the preference given to all commodities and tangible personal property manufactured, mined, produced, or grown within the state of Missouri and to all firms, corporations, or individuals doing business as Missouri firms, corporations, or individuals, or which maintain Missouri offices or places of business, when quality is equal or better and delivered price is the same or less, quality of performance promised is equal or better and the price quoted is the same or less, or when competing bids are comparable.

Application Certified Assurances

- * **Debarment:** This certification is required by Executive Order 12549, Debarment and Suspensions, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510.
 - * The Subrecipient certifies that it and its principles:
 - * 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;
 - * 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 subaward 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;
 - * 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
 - * 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

Application Certified Assurances

Audit: The Subrecipient agrees to comply with the organizational audit requirements of [OJP Financial Guide, Chapter 3.19, Audit Requirements](#). This guidance states that non-federal entities that expend \$750,000 or more in federal funds (from all sources including pass-through subawards) in the agency's fiscal year (12-month turnaround reporting period) shall have a single organization wide audit conducted in accordance with the provisions of [Title 2 C.F.R. Subpart F \(§ 200.500 et seq.\)](#). The Subrecipient assures a copy of the financial audit report will be submitted to the Missouri Department of Public Safety if they have met or exceeded this federal threshold within 60 days of the project period start date.

Application Certified Assurances

- **Termination of Award:** The Missouri Department of Public Safety, Office of the Director, reserves the right to terminate any subaward entered into as a result of this application at its sole discretion and without penalty or recourse by giving written notice to the Subrecipient of the effective date of termination. In the event of termination pursuant to this paragraph, all documents, data, and reports prepared by the Subrecipient under the subaward shall, at the option of the Missouri Department of Public Safety, become property of the State of Missouri.
- * In the event that the Missouri Department of Public Safety determines that a Subrecipient is operating in a manner inconsistent with the provisions of the application or is failing to comply with the applicable state requirements governing these funds, the Missouri Department of Public Safety may permanently or temporarily terminate the subaward. In the event a subaward is permanently terminated, the Missouri Department of Public Safety may take action as deemed appropriate to recover any portion of the subaward funds remaining or an amount equal to the portion of the subaward funds wrongfully used.

Application Certified Assurances

- * **Enforceability**: If a Subrecipient fails to comply with all applicable federal and state requirements governing these funds, the State of Missouri may withhold or suspend, in whole or in part, funds awarded under the program, or recover misspent funds following an audit. This provision is in addition to all other remedies provided to the State of Missouri for recovery of misspent funds available under all applicable state and federal laws.
- * **Compensation**: The Subrecipient understands that funds may not be used to pay cash compensation (salary plus bonuses) to any employee of this grant at a rate that exceeds 110% of the maximum annual salary payable to a member of the federal government's Senior Executive Service (SES) at an agency with a Certified SES Performance Appraisal System. The Subrecipient understands it may compensate an employee at a higher rate, provided the amount in excess of this compensation limitation is paid with non-federal funds.

Application Certified Assurances

- * **Adherence to Notice of Funding Opportunity** : The Subrecipient assures that they will comply with all sections of the Notice of Funding Opportunity.
- * **Printed Materials**: All materials and publications (written, visual, or sound) resulting from award activities shall contain the following statements: **“This project was supported by funding made available through the Victims of Crime Act Fund administered by the Missouri Department of Public Safety, Office of the Director.”** “The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Missouri Department of Public Safety, Office of the Director or the Department of Justice Programs.”

Application Certified Assurances

- * **Victims' Rights Compliance:** The Subrecipient assures that it will provide the eligible direct victim services, as may be required, set forth in the victims' rights provisions of the Missouri Constitution, Article I, Section 32, and **Section 595.209, RSMo.** (These eligible direct victim services do not include general witness assistance.)
- * **Criminal or Civil Filings:** The Subrecipient assures that its laws, policies, and practices do not require, in connection with the prosecution of any misdemeanor or felony domestic violence offense, or in connection with the filing, issuance, registration, or service of a protection order or a petition for a protection order, to protect a victim of domestic violence, stalking or sexual assault, that the victim bear the costs associated with the filing of criminal charges against the offender, or the costs associated with the filing, issuance, registration, or service of a warrant, protection order, petition for a protection order or witness subpoena, whether issued inside or outside this state.

Application Certified Assurances

- * **Forensic Medical Exams:** To the extent funds are not available from other sources, the state must incur the full out-of-pocket cost of forensic medical exams for victims of sexual assault. No State, territory, Indian tribal government, unit of local government, or another governmental entity shall require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical exam, reimbursement for charges incurred on account of such an exam, or both.
- * **Polygraph/Voice Stress Analysis:** No prosecuting or circuit attorney, peace officer, governmental official, or employee of a law enforcement agency shall request or require a victim of an offense under chapter 566, or a victim of an offense of domestic assault or stalking to submit to any polygraph test or psychological stress evaluator exam as a condition for proceeding with a criminal investigation of such offense. Section 595.223, RSMo.

Application Certified Assurances

- * **Court Records:** After August 28, 2007, any information contained in any court record, whether written or published on the internet, including any visual or aural recordings that could be used to identify or locate any victim of an offense under chapter 566 or a victim of domestic assault or stalking shall be closed and redacted from such record prior to disclosure to the public. Identifying information shall include the name, home or temporary address, telephone number, Social Security number, place of employment, or physical characteristics, including an unobstructed visual image of the victim's face or body. Section 595.226, RSMo.
- * **Consultation with Victim Services:** Prosecution, law enforcement and court based applicants must consult with tribal, territorial, State, or local victim service programs during the course of developing their grant applications in order to ensure that the proposed services, activities and equipment acquisitions are designed to promote the safety, confidentiality and economic independence of victims of domestic violence, sexual assault, stalking and dating violence

Application Certified Assurances

- * **Time Records Requirement:** The applicant assures that, **all** project personnel funded through the VOCA grant (federal or local funds) will maintain timesheets that detail 100% of their time along with the activities/services provided. These timesheets must be provided to DPS upon request.
- * **Claims that are Late:** Subrecipients assure the Claim for Reimbursement, Detail of Expenditures, and supporting documentation will be submitted by the 5th day of each month. If specified due date falls on a weekend or holiday, the Claim must be received by the first working day after the weekend or holiday. Claims submitted after deadline will not be processed until the following month. Claims are due each month whether or not the subrecipient expended any grant or local match funds.
- * **Failure to submit the required forms on time shall be taken as failure to adhere to the terms of the Subaward and may result in the delay of reimbursement and/or termination of the subaward.**

Application Certified Assurances

- * **Timely Reporting:** Subrecipients assure that expenses will be submitted within **60 days** from the time the expense was incurred. The Missouri Department of Public Safety reserves the right to deny reimbursement of any expense that falls outside the 60 day requirement.
- * **Claims with Errors:** Subrecipients assure that accurate claims will be submitted. If a Claim is submitted with errors, the Claim may be negotiated for corrections. If the errors are not corrected after two (2) negotiations, the Claim may be withdrawn and not paid. If a Claim is withdrawn due to errors, a correspondence will be sent to the Authorized Official as listed in WebGrants.
- * **Renewal:** An Subaward, entered into as a result of this application, shall not bind or purport to bind the Department of Public Safety for any subaward commitment in excess of the original subaward period contained in such a subaward. However, the Department of Public Safety shall have the right, at its sole discretion, to renew any such subaward on a year-to-year basis. Should the Department of Public Safety exercise its right to renew the subaward, the renewal shall be subject to the terms set forth by the Department of Public Safety in the documents developed for such renewal. Failure to comply with such terms set forth by the Department of Public Safety will result in the forfeiture of such a renewal option.

Application Certified Assurances

Financial Statements: All non-profit subrecipients of VOCA Assistance funding under this award are required to make their financial statements available online (either on the Missouri Department of Public Safety's, the subrecipient's, or another publicly available website). DPS and OVC will consider subrecipient organizations that have Federal 501(c)(3) tax status or other non-profit 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 sources already provide searchable online databases of such financial statements.

- * **Faith-based Organizations:** The Subrecipient agrees to comply with the applicable requirements of 28 C.F.R. Part 38, the Department of Justice regulation governing "Equal Treatment for Faith Based Organizations" (the "Equal Treatment Regulation"). The Equal Treatment Regulation provides in part that Department of Justice grant awards of direct funding may not be used to fund any inherently religious activities, such as worship, religious instruction, or proselytization. Recipients of direct grants may still engage in inherently religious activities, but such activities must be separate in time or place from the Department of Justice funded program, and participation in such activities by individuals receiving services from the grantee or a sub-grantee must be voluntary. The Equal Treatment Regulation also makes clear that organizations participating in programs directly funded by the Department of Justice are not permitted to discriminate in the provision of services on the basis of a beneficiary's religion. Notwithstanding any other special condition of this award, faith-based organizations may, in some circumstances, consider religion as a basis for employment. See http://www.ojp.gov/about/ocr/equal_fbo.htm.

Typed signature on the
Certified Assurances form for
this grant is a binding
guarantee by the signatory
that all laws, statutes, rules,
regulations, standards,
policies, procedures, etc.
pertaining to the VOCA grant
WILL BE followed

Application Submission and Processing

Application Deadline

- * Applications must be submitted no later than **5 p.m. on June 2, 2017**
- * All information/documents must be submitted with the final application, electronically via WebGrants.
- * Missing or late information/documents will not be accepted.

Final Tips

- * Contract period is 24 months. Applicants will need to request 24 months worth of funds. Keep this in mind when budgeting.
- * Read screen instructions thoroughly on WebGrants and make sure to refer to the Notice of Funding Opportunity and this PowerPoint.
- * Ensure all necessary attachments are included.

Final Tips

- * Avoid submitting registration and application close to deadlines in the event technical problems arise.
- * If unforeseen WebGrants technical issues arise, only then will a late application be considered.

Final Tips

- * **Remember important deadlines:**
 - * WebGrants Registration: no later than **5 p.m. on May 26, 2017**
 - * Applications submitted: no later than **5 p.m. on June 2, 2017**

Final Tips

JUSTIFY, JUSTIFY, JUSTIFY!

EXPLAIN, EXPLAIN, EXPLAIN!

DOCUMENT, DOCUMENT, DOCUMENT!

- * Remember: State and local public agencies cannot use VOCA funds to supplant existing funds
- * NPO's cannot use VOCA funds to supplant other PUBLIC FUNDS

Online Resources

<http://dps.mo.gov/dir/programs/cvsu/voca.php>

- * Pre-Bid Power Point Presentation
- * 2017 Notice of Funding Opportunity
- * 2017 VOCA WebGrants Manual
- * Service Standards and Code of Ethics
- * Laws, statutes, rules, regulations all have links in the documents

Thank You for your time and
attention

CVSU Staff

Name	Title	Email	Phone
Lisa Harrison-Lineback	Program Manager	lisa.harrison-lineback@dps.mo.gov	573-526-1464
Tina Utley	Grants Program Specialist	tina.utley@dps.mo.gov	573-522-6235
Katrina Prenger	Program Specialist	katrina.prenger@dps.mo.gov	573-522-3778
Kristina Kirchhoff-Welch	Program Representative	kristina.kirchhoff@dps.mo.gov	573-522-5685
Michelle Parks	Program Representative	michelle.parks@dps.mo.gov	573-751-5954
Beth Evers	Program Representative	beth.evers@dps.mo.gov	573-522-1849
Jenna Ridge	Program Representative	jenna.ridge@dps.mo.gov	573-526-1929
Brandi Drummond	Program Representative	brandi.drummond@dps.mo.gov	573-526-2179
Kris Waterman	Program Representative	kris.waterman@dps.mo.gov	573-751-5878

CVSU@DPS.MO.GOV