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2017 Victims of Crime Act (VOCA)

WebGrants Manual

CFDA #16.575

Project Period:

October 1, 2017 to September 30, 2019

WebGrants Deadline:

Applications must be submitted no later than **5:00 p.m. on June 2, 2017**

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

Victims of Crime Act (VOCA) WebGrants Manual

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APPLICATION INSTRUCTIONS

I. HOW TO APPLY:

Applications for VOCA funding must be submitted online via the Missouri Department of Public Safety WebGrants System at <https://dpsgrants.dps.mo.gov>. WebGrants is a web-based computer application that will support the application and administration of grants available from the Missouri Department of Public Safety, Office of the Director.

☐ **New Organizations**

If the applicant organization has not yet registered with the WebGrants system:

1. Acquire a DUNS (Data Universal Numbering System) Number.

A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. Obtaining a DUNS number is a free, one-time activity. Ask the grant

administrator, chief financial officer, or authorizing official of your organization to identify your DUNS number. If your organization does not know its DUNS number or needs to register for one, visit <http://www.dnb.com/>.

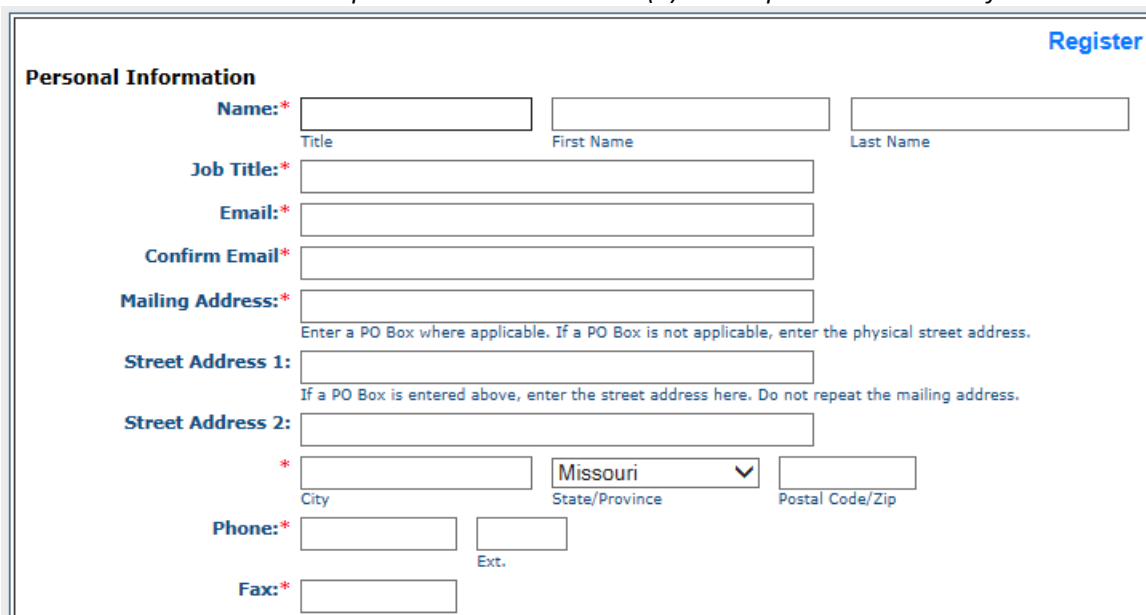
The Federal Funding Accountability and Transparency Act (FFATA) requires the Missouri Department of Public Safety to provide information on all federal spending awards to a single, searchable website at www.USASpending.gov. The organization's DUNS is provided to FFATA so be sure the information provided is that of your unit of state or local government.

2. **Acquire or Renew Registration with the System for Award Management (SAM) - Formerly known as CCR (Central Contractor Registration) Database.** In addition to the DUNS number requirement, OJP requires that all applicants for federal financial assistance maintain current registrations in the **System for Award Management (SAM)** database. The SAM database is the repository for standard information about federal financial assistance applicants, recipients, and sub recipients. Please note, applicants must update or renew their SAM registration at least once per year to maintain an active status. Information about registration procedures can be accessed at www.sam.gov.
3. Complete the "Register Here" on the [WebGrants](#) login page.



Personal Information


The Personal Information section should contain work-related information for the individual registering in WebGrants. This shall be completed no later than two (2) weeks prior to the close of the solicitation.



- **Name:** provide a proper salutation title for the responsible applicant (Mr., Ms., Mrs. Dr., Sheriff, Deputy, Chief, Lt., etc.) and first and last name.
- **Job Title:** provide the job title of the responsible party
- **Email:** provide an email address that will be checked regularly as WebGrants will send scheduled alerts pertaining to the application and grant processes.
NOTE: The emails will be sent from dpswebgrants@dps.mo.gov or from cvsu@dps.mo.gov so please ensure this email address is added to the Contact List or selected as a safe sender to avoid the emails being filtered as junk or spam.
- **Mailing Address:** provide the organization's mailing address (excluding the city, state, and zip code). If the organization has a PO Box, that information should be listed here. If your organization does not have a PO Box, then the street address should be listed here.
- **Street Address 1:** provide the organization's physical street address where applicable and different than the Mailing Address provided above. **Do not** repeat the Mailing Address.
- **Street Address 2:** provide additional information where applicable. **Do not** repeat the Mailing Address or Street Address 1 information.
- **City/State/Zip:** provide the organization's city, state, and zip code.
- **Phone/Extension:** provide a daytime telephone number and an extension, where applicable. If the listed telephone number is a direct line, leave the extension field blank.
- **Fax:** provide a fax number.

Organization Information

The Organization Information section should contain **information pertaining to the applicant organization** and should be completed in its entirety.

Organization Information			
Applicant Agency:*	<input type="text"/>		
Organization Type:*	<input type="text" value="v"/>		
Federal Tax ID#:	<input type="text"/>		
	9 digits (no hyphen)		
DUNS #:	<input type="text"/>		
	9-digit number		
CCR Code:	<input type="text"/>	<input type="text"/>	
	Valid Until Date		
Organization Website:	<input type="text"/>		
Mailing Address:*	<input type="text"/>		
	Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.		
Street Address 1:	<input type="text"/>		
	If a PO Box is entered above, enter the street address here. Do not repeat the mailing address.		
Street Address 2:	<input type="text"/>		
City:	<input type="text"/>	Missouri	<input type="text"/>
	City	State/Province	Postal Code/Zip
			+ 4
County:*	<input type="text" value="v"/>		
Congressional District:*	<input type="text" value="01"/> <input type="text" value="02"/> <input type="text" value="03"/> <input type="text" value="04"/>		
	Hold 'CTRL' to add additional districts		
Phone:*	<input type="text"/>	<input type="text"/>	Ext.
Fax:*	<input type="text"/>		

Once the above fields are completed, click the "Register" link. A confirmation page will be displayed and a confirmation email will be sent to the email address provided under the Personal Information section of the registration form.

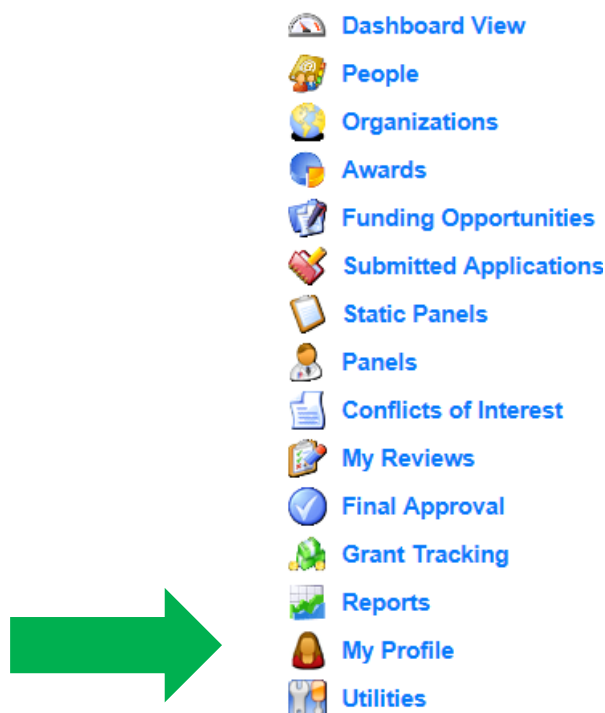
Once the registration is submitted, notification will be sent to the Missouri Department of Public Safety to approve the new user. The registrant will receive another email when the Missouri Department of Public Safety approves or disapproves the registration. If the registration is approved, the User ID and Password are active and log in to the system will be granted. If registration is disapproved, the email will contain the reason.

Once the registration is approved, the user may add additional users from the organization to view application and/or subaward information. To add registered users, log into WebGrants, click 'My Profile' from the Main Menu, select the applicable Associated Organization name, click 'Add' under the Registered Users section, and complete all the required fields on the form. Users who are added by an approved registered user will not be subject to approval by the Missouri Department of Public Safety.

NOTE: Only new organizations should complete the registration form on the login page. Returning organizations should not complete this form as it will re-register the existing organization. If organizations or users have forgotten your login information, do not re-register to obtain a new login. It will only create duplicate and unnecessary records in the system database and may not allow the user to see all appropriate grant records. If unsure whether the organization has an existing profile, contact a staff member of the Missouri Department of Public Safety as listed on the last page of the solicitation.

❑ Returning Organizations

If the applicant organization has already registered with the WebGrants system, log in using the User ID and password previously provided during the registration process. If the login information has been misplaced, contact a staff member of the Missouri Department of Public Safety as listed on the last page of the solicitation. Complete the following steps before you start your application:



1. Verify Work Information

Under the 'My Profile' module, review all work-related information provided. Click 'Edit' where necessary to update or correct any work information.

2. Verify Organization Information

Under the 'My Profile' module, click on the Associated Organization's name and review all information provided for the applicant agency. Click 'Edit' where necessary to update or correct any organization information.

NOTE: DO NOT change the entry of the organization name as it has been entered in such a manner to distinguish specific projects from other projects by the same applicant agency.

The Federal Funding Accountability and Transparency Act (FFATA) requires the Missouri Department of Public Safety to provide information on all federal spending awards to a single, searchable website at www.USASpending.gov. Organization information relating to address, congressional district, and county is provided to FFATA so be sure the information provided is that of your unit of state or local government.

3. Verify the Registered Users Associated with the Organization

Under the 'My Profile' module, click on the Associated Organization's name and review the registered users associated with the organization. If it is necessary to update or correct any information provided for a user, be sure the registered user makes those changes.

If it is necessary to add additional registered users from the organization, click 'Add' under the 'Registered Users' table. Additional users added by an already registered user are not subject to approval by the Missouri Department of Public Safety.

NOTE: As users are added to WebGrants, they are not automatically associated as a contact to your organization's grant(s). Therefore, if the organization has a(n) open grant(s) and wants additional registered users to receive notifications from WebGrants regarding the grant(s), the organization is required to submit a *Change of Information Form* ([Appendix A](#)) to the DPS Internal Contact via the 'Correspondence' component of the grant(s) in WebGrants.

If it is necessary to remove registered users from the organization, please contact a staff member of the Missouri Department of Public Safety as listed on the last page of the solicitation so the individual can be properly removed from contact lists and deactivated.

NOTE: For security reasons, do not share the issued User ID and password with other users. Each individual should maintain his or her own login information. In addition, do not reuse the profile of a previously employed individual as it affects the record keeping within WebGrants for previous grants. Finally, if there are open grant(s) and there is a need to remove a registered user from WebGrants, the organization is required to submit a *Change of Information Form* ([Appendix A](#)) to the DPS Internal Contact via the 'Correspondence' component of the grant(s) in WebGrants.

4. Verify your Organization's DUNS (Data Universal Numbering System) Number

A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. Obtaining a DUNS number is a free, one-time activity. Ask the grant administrator, chief financial officer, or authorizing official of your organization to identify the DUNS number. If the organization does not know its DUNS number, visit <http://www.dnb.com/>.

Under the 'My Profile' module, click on the Associated Organization's name and review the DUNS number provided. The DUNS number should be that of the applicant organization.

The Federal Funding Accountability and Transparency Act (FFATA) requires the Missouri Department of Public Safety to provide information on all federal spending awards to a single, searchable website at www.USASpending.gov. The organization's DUNS is provided to FFATA so be sure the information provided is that of the appropriate organization.

❑ All Organizations

Once one of the above processes (new or returning) has been completed, the user is ready to start the application. On the Main Menu screen, click the 'Funding Opportunities' link and then click the appropriate funding opportunity.

New applicants to the VOCA funding opportunity must choose 'Start a New Application'.

Returning applicants to the VOCA funding opportunity have the option to 1) 'Copy an Existing Application' or 2) 'Start a New Application'. ****NOTE*, many of the forms have changed this year and it is strongly suggested to complete all forms from beginning to end.***

Please keep the following tips and instructions in mind while completing an application:

- ✓ **A separate application must be submitted for each project (if the scope of the project differs).**
- ✓ **Do not use CAPS when filling out the application forms. The use of CAPS makes it difficult to review the application and creates issues when data is extracted from WebGrants and merged into external documents, reports, etc.**
- ✓ **Each form has required fields indicated by a red asterisk (*). Forms can be saved without completing each required field, but the form cannot be marked complete without completing each required field.**
- ✓ **The VOCA application consists of 24 forms. Each form must be 'Marked as Complete' before the application may be submitted.**

NOTE: A form that has been marked complete is still editable until the application is submitted. A checkmark in the 'Complete' column will not prevent the user from editing information on the form. An application may not be submitted until a checkmark exists in the 'Complete' column for every form.

II. APPLICATION FORMS:

FORM #1: GENERAL INFORMATION

The purpose of this form is to identify the primary contact, project title, and organization.

Application General Information
System ID:
Project Title:
Primary Contact:
Organization:

- **Primary Contact:** This drop-down box will pre-populate with the name of the individual associated with the login information. This individual may be any person associated with the proposed project and will be the general point of contact regarding the submitted application.

NOTE: This individual will be the ONLY recipient of emails generated by WebGrants during the application, review, and negotiation (revision) phases, so choose carefully.

- **Project Title:** Enter a carefully chosen, brief descriptive title for the proposed project.

NOTE: Do not use the funding opportunity or grant title as your project title. If the project is a continuation of a previously funded project, use the same project title as the previous year.

- **Organization:** This drop-down box will pre-populate based on the organization associated with the selected primary contact person. If an individual is registered in WebGrants and is associated with multiple organizations (e.g. grant writer), the user may see more than one option for this question and will need to select the respective organization for which the application is being submitted.

Click **SAVE** and **Mark as Complete** if done.

FORM #2: CONTACT INFORMATION

The purpose of this form is to collect the names and contact information for the individuals that will be responsible for the oversight and administration of the proposed project.

Authorized Official: the individual who has the authority to legally bind the applicant into a contract (e.g. CEO, Director, Board President, Presiding Commissioner, Mayor, City Administrator, University President, and State Department Director). ***The Authorized Official and the Project Director cannot be the same person.***

Authorized Official

The Authorized Official is the individual that has the ability to legally bind the applicant agency in a contract (e.g. Board President, Presiding Commissioner, Mayor, City Administrator, University President, State Department Director).

The Authorized Official and the Project Director cannot be the same person.

Authorized Official: *

Title: First Name: Last Name:

Job Title: *

Agency: *

Mailing Address: *

Street Address 1:

Street Address 2:

AO City: *

City State Zip Code

Email: *

Phone: *

Ext.

Fax: *

- ❖ **Name:** enter the title (e.g. Mr., Mrs. Ms., Dr., Capt., Sgt), the first name, and the last name of the proper Authorized Official.
- ❖ **Job Title:** enter the job title of the identified Authorized Official.
- ❖ **Agency:** enter the Agency name (e.g. Cole County Commissioner's Office, City of Columbia, President of the Board of Directors for ABC Organization) of the identified Authorized Official.
- ❖ **Mailing Address:** enter the mailing address of the Authorized Official. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- ❖ **Street Address 1:** if a PO Box was entered in the Mailing Address field, enter the physical street address of the Authorized Official. If the physical street address was entered in the mailing address field, leave this field blank.
- ❖ **Street Address 2** (not required): leave this field blank if no additional address information is available beyond what is already provided in the mailing address and/or street address 1 fields.
- ❖ **City/State/Zip:** enter the city, verify the state is listed as Missouri, and enter the zip code.
- ❖ **Email:** enter the email address of the identified Authorized Official.
- ❖ **Phone:** enter the Phone number and the phone extension (ext.), where applicable, of the identified Authorized Official. Leave the ext. field blank if the phone number is a direct line.
- ❖ **Fax:** enter the fax number of the identified Authorized Official.

Project Director: The individual who will have direct oversight of the proposed project. ***The Project Director cannot be the same as the previously entered Authorized Official*** If the project agency is a law enforcement agency, the Project Director *must be* the Chief, Sheriff, or Director of the law enforcement agency. If the project agency is a

prosecutor's office, the Project Director *must be* the Prosecuting Attorney. For Non-Profit Organizations, the Project Director should be the person with daily direct oversight and responsibility for the project

NOTE: For grant purposes, the Project Director cannot be the same person as the Authorized Official. If the Project Director is listed as the same person as the Authorized Official, the application will be denied.

Project Director
The Project Director is the individual that will have direct oversight of the proposed project.
The Authorized Official and the Project Director cannot be the same person.
If the project agency is a local law enforcement agency, the Project Director shall be the chief or sheriff of that agency. Exceptions to this requirement are the St. Louis Metropolitan Police Department and the Kansas City Police Department.

Project Director: *
Title First Name Last Name

Job Title: *

Agency: *

Mailing Address: *

Street Address 1:

Street Address 2:

PD City: *
City State Zip Code

Email: *

Phone: *
Ext.

Fax: *

- ❖ **Name:** enter the Title (e.g. Sheriff, Chief, Mr., Mrs. Ms. Dr.), the first name, and the last name of the proper Project Director.
- ❖ **Job Title:** enter the job title (e.g. Sheriff, Chief, CEO, Director) of the identified Project Director.
- ❖ **Agency:** enter the agency name (e.g. Cole County Sheriff's Office, Columbia Police Department, ABC Organization) of the identified Project Director.
- ❖ **Mailing Address:** enter the mailing address of the Project Director. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- ❖ **Street Address 1:** if a PO Box was entered in the mailing address field, enter the physical street address of the Project Director. If the physical street address was entered in the mailing address field, leave this field blank.
- ❖ **Street Address 2** (not required): leave this field blank if no additional address information is available beyond what is already provided in the mailing address and/or street address 1 fields.
- ❖ **City/State/Zip:** enter the city, verify the state is listed as Missouri, and enter the zip code.
- ❖ **Email:** enter the email address of the identified Project Director.
- ❖ **Phone:** enter the phone number and the phone extension (ext.), where applicable, of the identified Project Director. Leave the ext. field blank if the phone number is a direct line.
- ❖ **Fax:** enter the fax number of the identified Project Director.

Fiscal Officer: The individual who has responsibility for accounting and audit issues at the applicant agency level. If the applicant agency is a city, the City Clerk, City Treasurer, or City Administrator (as applicable to the agency's structure) shall be the Fiscal Officer; if the applicant agency is a county, the County Treasurer or Director of Finance (as applicable to the agency's structure) shall be the Fiscal Officer; if the organization is a non-profit then the CFO, Board Treasurer, accountant, or other person who serves as the fiscal contact and/or responsible fiscal party should be the Fiscal Officer.

NOTE: For grant purposes, the Fiscal Officer cannot be the same person as the Authorized Official or Project Director. If the Fiscal Officer is listed as the same person as the Authorized Official or Project Director, the application will be denied.

Fiscal Officer

The Fiscal Officer is the individual who has responsibility for accounting and audit issues at the applicant agency level (e.g. City Clerk, County Treasurer, Director of Finance, Accountant, CFO).

Fiscal Officer:*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Title</small>	<small>First Name</small>	<small>Last Name</small>
Job Title:*	<input type="text"/>		
Agency:*	<input type="text"/>		
Mailing Address:*	<input type="text"/>		
Street Address 1:	<input type="text"/>		
Street Address 2:	<input type="text"/>		
FO City:*	<input type="text"/>	<input type="text" value="Missouri"/>	<input type="text"/>
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Email:*	<input type="text"/>		
Phone:*	<input type="text"/>	<input type="text"/>	
		<small>Ext.</small>	
Fax:*	<input type="text"/>		

- ❖ **Name:** enter the title (e.g. Mr., Ms. Dr., Sgt, etc.), the first name, and the last name of the proper Fiscal Officer.
- ❖ **Job Title:** enter the job title (e.g. County Treasurer, City Treasurer, Director of Finance, CFO, Board Treasurer) of the identified Fiscal Officer.
- ❖ **Agency:** enter the agency name (e.g. Cole County Treasurer's Office, City of Columbia Finance Department, Organization ABC) of the identified Fiscal Officer.
- ❖ **Mailing Address:** enter the mailing address of the Fiscal Officer. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- ❖ **Street Address 1:** if a PO Box was entered in the mailing address field, enter the physical street address of the Fiscal Officer. If the physical street address was entered in the mailing address field, leave this field blank.
- ❖ **Street Address 2** (not required): leave this field blank if no additional address information is available beyond what is already provided in the mailing address and/or street address 1 fields.
- ❖ **City/State/Zip:** enter the city, verify the state is listed as Missouri, and enter the zip code.
- ❖ **Email:** enter the email address of the identified Fiscal Officer.
- ❖ **Phone:** enter the phone number and the phone extension (ext.), where applicable, of the identified Fiscal Officer. Leave the ext. field blank if the phone number is a direct line.
- ❖ **Fax:** enter the fax number of the identified Fiscal Officer.

Project Contact Person: the individual who is the most familiar with the project this grant will fund, if different than the Project Director listed above. This individual will be the primary contact for day-to-day questions regarding the grant project and operations.

NOTE: The Project Contact Person may be the same person as the Project Director.

Project Contact Person

The Project Contact Person should be the individual who is most familiar with the program and day to day functions of this grant will fund.

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

Project Contact Person:*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Title</small>	<small>First Name</small>	<small>Last Name</small>
Job Title:*	<input type="text"/>		
Agency:*	<input type="text"/>		
Mailing Address:*	<input type="text"/>		
Street Address 1:	<input type="text"/>		
Street Address 2:	<input type="text"/>		
OC City:*	<input type="text"/>	<input type="text" value="Missouri"/>	<input type="text"/>
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Email:*	<input type="text"/>		
Phone:*	<input type="text"/>	<input type="text"/>	
		<small>Ext.</small>	
Fax:*	<input type="text"/>		

- ❖ **Name:** enter the Title (e.g. Mr., Ms. Dr., Capt., Chief Deputy), the first name, and the last name of the proper Project Contact Person.
- ❖ **Job Title:** enter the job title of the identified project contact person.
- ❖ **Agency:** enter the Agency name (e.g. Cole County Sheriff's Office, Columbia Police Department, Organization ABC) of the identified Project Contact Person.
- ❖ **Mailing Address:** enter the mailing address of the project contact person. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- ❖ **Street Address 1:** if a PO Box was entered in the mailing address field, enter the physical street address of the Project Contact Person. If the physical street address was entered in the mailing address field, leave this field blank.
- ❖ **Street Address 2** (not required): leave this field blank if no additional address information is available beyond what is already provided in the Mailing Address and/or Street Address 1 fields.
- ❖ **City/State/Zip:** enter the city, verify the state is listed as Missouri, and enter the zip code.
- ❖ **Email:** enter the email address of the identified Project Contact Person.
- ❖ **Phone:** enter the phone number and the phone extension (ext.), where applicable, of the identified Project Contact Person. Leave the ext. field blank if the phone number is a direct line.
- ❖ **Fax:** enter the fax number of the identified project contact person.

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 non-profit organization.***

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) type or other type of federally recognized 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

- ❖ **Name:** enter the title (e.g. Mr., Ms., Dr., Capt., Chief Deputy), the first name, and the last name of the proper non-profit chairperson.
- ❖ **Job Title:** enter the job title of the identified non-profit chairperson.
- ❖ **Agency:** enter the Agency name (e.g. Cole County Sheriff's Office, Columbia Police Department, Organization ABC) of the identified non-profit chairperson.
- ❖ **Mailing Address:** enter the mailing address of the non-profit chairperson. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- ❖ **Street Address 1:** if a PO Box was entered in the mailing address field, enter the physical street address of the Officer in Charge. If the physical street address was entered in the mailing address field, leave this field blank.
- ❖ **Street Address 2** (not required): leave this field blank if no additional address information is available beyond what is already provided in the mailing address and/or Street Address 1 fields.
- ❖ **City/State/Zip:** enter the city, verify the state is listed as Missouri, and enter the zip code.
- ❖ **Email:** enter the email address of the identified non-profit chairperson.

- ❖ Phone: enter the phone number and the phone extension (ext.), where applicable, of the identified non-profit chairperson. Leave the ext. field blank if the phone number is a direct line.
- ❖ Fax: enter the fax number of the identified non-profit chairperson.

Click **SAVE** and **Mark as Complete** if done.

FORM #3: PROJECT SUMMARY

The purpose of this form is to collect general information regarding the proposed project, such as:

- **Application Type**- Indicate the type of application based on the following:
 - ☐ **NEW** - The application is being submitted as part of a competitive bid process and is not currently being funded by the Missouri Department of Public Safety.

NOTE: This option would be true if the project is not a continuation of a previously-funded project.
 - ☐ **CONTINUATION** - the application is being submitted as part of a competitive bid process to continue a program currently funded by the Missouri Department of Public Safety

NOTE: This option would be true if the project is a continuation of a previously-funded project with no additions.
 - ☐ **EXPAND/ENHANCE AN EXISTING PROJECT** - the application is being submitted as part of a competitive bid process to specifically expand or enhance an existing project currently funded by the Missouri Department of Public Safety.

NOTE: This option would be true if the project is a continuation of a previously-funded project but additions are included to expand or enhance the original project.
- **Current Subaward Number(s)** - Indicate the subaward number issued by the Missouri Department of Public Safety if the project is currently funded by a DPS grant (i.e. the Application Type is identified as Continuation or Expand/Enhance an Existing Project). Leave this question blank or put N/A if the project is not currently funded (i.e. the Application Type is identified as New).
- **Program Category** – Select the type of program this grant would fund: court, culturally specific, domestic violence services, domestic violence shelter, prosecution, sexual assault services, DV & SA Services, children victim services, underserved victims’ services, etc.
- **Project Type** – Select if the scope of the project will be statewide, regional, or local.
- **Geographic Area** – Provide a general overview of the geographical area to be served by the proposed project.

NOTE: Specific geographical details are requested on the *Geographic Area* form, where applicable. Therefore, for example, if a project were to serve Jefferson City, applicant may write “Jefferson City, located in Cole County in central Missouri” for this field and describe other details in the narrative.
- **Project Summary** – Provide a brief summary of the services to be offered by the proposed project or a general overview of the outcome of the proposed project. Please do not repeat information verbatim from your narrative.

NOTE: This field is limited to 950 characters.

- **Program Income Generated** – Indicate if program income will be generated. Program Income, as it is related to the grant, is defined as income generated as a direct result of a grant-funded project.

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):

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: *

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

Click SAVE and Mark as Complete if done.

FORM #4: BRIEF HISTORY OF THE PROJECT

The purpose of this form is to gather the agency/project mission statement as well as a narrative to identify the project organization and some background information regarding the organization. This information provides the grantor with a basic understanding of the project organization.

On this form, provide the following information:

- ☐ Agency mission statement
- ☐ Project specific mission statement, if different from or more specific than the agency's mission statement

Also on this form, in a narrative format, provide the following information:

- ☐ Brief history of the project agency, which is the agency that will be implementing the proposed project (e.g., Prosecuting Attorney's Office, Police Department, Shelter, Crisis Center, etc.)
- ☐ Identify the various programs/services provided by the Project Agency, especially those that coordinate with the requested project (e.g. counseling, exams, shelter).
- ☐ This space has a 20,000 character limit.

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.

Click **SAVE** and **Mark as Complete** if done.

FORM #5: STATEMENT OF PROBLEM

The purpose of this narrative form is to define the problem the organization will be attempting to impact with the project for which funds are being requested. This information provides the grantor with a basic understanding of the problem(s) that the subrecipient faces and the issue(s) that will be addressed, as well as to provide facts to support the problem references.

On this form, in a narrative format, provide the following specific and detailed information:

- ☐ Identify the problem(s) being addressed by the use of the requested funds.
- ☐ Include facts and statistics on incidents of crime to demonstrate a need for funding.
- ☐ Relate to the project goals and mission statement of the agency or project.
- ☐ Identify existing resources (or the lack thereof), demographic and geographic specifications, etc. to demonstrate a need for funding.
- ☐ There is a 60,000 character limit.

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.

Click **SAVE** and **Mark as Complete** if done

FORM #6: TYPE OF PROGRAM

The purpose of this narrative form is to identify the purpose areas for which funds are requested, the general program that will be implemented, and how the anticipations of the project conform to the purpose area. The details provided should be specific and are used by the grantor to ensure the project fits within the parameters of the VOCA program and the identified purpose area.

On this form, in a narrative format, provide the following information:

- ☐ Identify the project's general purpose area.
- ☐ Define the services to be provided by the project.
- ☐ Indicate who will provide the services provided by the project.
- ☐ Describe how the services will be accessed.
- ☐ Describe the target population for services.
- ☐ All programs must comply with the [MO DPS Code of Ethics](#).
- ☐ Agencies that primarily serve domestic and/or sexual violence victims will be required to comply with the [MCADSV Standards for Sexual Violence Programs](#) and/or [MCADSV Standards for Domestic Violence Programs](#)(These agencies will not be required to comply with the Missouri Department of Public Safety Crime Victim Services Unit (MoCSVU) 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 also 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 [MoCVSU 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 also be downloaded as a separate document from the DPS website.
- ☐ Explain how this relates to the goal and objectives of the project.
- ☐ Describe how this works to accomplish the mission statement(s).
- ☐ This section has a 70,000 character limit.

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 (MoCSVU) 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.

Click **SAVE** and **Mark as Complete** if done.

FORM #7 PROPOSED SERVICE AREA

The purpose of this narrative form is to identify the service area. This information is necessary for the grantor to understand the project type (e.g. statewide, regional, countywide local or other).

On this form, in a narrative format, provide the following information:

- ☐ Identify 1) the geographic area to be served by the project (cities, counties, areas, etc.); 2) details to easily locate the service area within the state (e.g. northwest, north central, northeast, west central, central, east central, southwest, south central, or southeast); 3) the total population within the project's service area; 4) any other geographic details (as applicable) pertinent to the project's service area; 5) any identifiable underserved populations the project will target.
- ☐ This section is limited to 20,000 characters.

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.

Click SAVE and Mark as Complete if done.

FORM #8 COORDINATION OF SERVICES

On this form, outline how the organization will coordinate the activities of the project with other service providers, law enforcement agencies, prosecuting attorney's offices, courts and other community non-profit or faith based organizations. Other services may not necessarily be the same as those offered by this project. Explain how the services to be offered by this project will complement other activities and services already in place in the community at large. Do not merely list coordinating agencies; provide an explanation of specific activities which are coordinated. *Please note that this is a required component to receiving VOCA funds.*

- ☐ If the project is multi-jurisdictional or multi-organizational and there is a written Memorandum of Understanding (MOU), attach the MOU and list the names of each agency or organization that have signed the MOU, as well as the names of the signatories for each organization.
- ☐ If there are additional areas/agencies/organizations which the project will assist if called upon, but no formal MOU exists, identify the names and types of agreements in place, and provide documentation.
- ☐ This section has a 60,000 character limit.

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 complement 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.

Click SAVE and Mark as Complete if done.

FORM #9 VICTIM COMPENSATION ASSISTANCE

Describe the procedures used by the agency to provide information on and 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 grant cycle? (Not handed out, but assisted).
- ☐ Describe the procedures used to complete this task.
- ☐ Additionally, provide the number of victims the agency assisted with registering for MOVANS for the last grant cycle (if these statistics were not previously gathered, please begin recording them).
- ☐ This section has a 30,000 character limit.

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)



Click SAVE and Mark as Complete if done.

FORM #10 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 your agency, 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." (FORM #18)
- ☐ Give statistics from previous years to support your estimate. The statistics should be listed by grant cycle
- ☐ If serving more than one county please break each county out separately and use whole numbers (not percentages).

Number of Victims to Be Served*

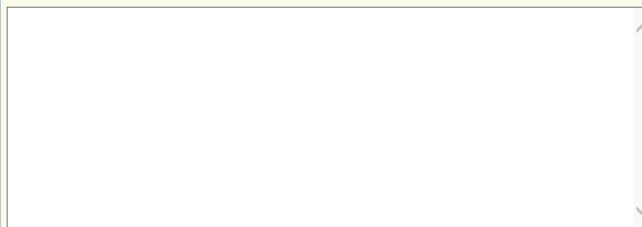
Indicate the anticipated number of victims to be served by this VOCA funded project. Do not include the total number of victims served by the agency as a whole, but the number that will be served specifically by this particular project during this project period.

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).



Click **SAVE** and **Mark as Complete** if done.

FORM #11 VOLUNTEERS

- ☐ Please detail the number of volunteers the agency currently has, the types of services (direct and non-direct) they provide as well as:
- Who supervises volunteers and their activities.
 - Describe the procedures to recruit, screen and train volunteers used by the agency.
 - List the type of training to be provided,
 - Number of hours of training volunteers receive,
 - Eligibility or qualification requirements for volunteers.
 - Describe how volunteer time and activity will be tracked, if using the form in [Appendix B](#)
 - 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.
 - If using volunteer hours as match, the calculations will be done in the [BUDGET](#) section (FORM #15).

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.

Click **SAVE** and **Mark as Complete** if done.

FORM #12 VOCA GOALS AND OBJECTIVES

The purpose of this form is to explain the expectations for the proposed program. This information is necessary by the grantor to determine the probability of the project to meet its desired expectations and to provide a baseline by which to evaluate the success of the project.

- **Goals** are the program's general desired results. Goals are broad based statements that reflect the overall intended end result that is trying to be achieved with the funded project. The goals should be clearly stated, realistic and achievable, even if they are not readily measurable.

The Goal for VOCA programs and projects as listed:

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.

- **Objectives** are the intermediate results or accomplishments to achieve each goal. Objectives should reflect the steps or measureable components the project will take to reach the goal. The objectives must be both measurable and

achievable. To be measurable, the objectives should include a clear baseline (e.g. deadline, timeline, quantity, etc.) by which to later evaluate whether or not the objective was achieved.

Every applicant agency must select at least one Type of Service. That relates to the proposed project; the applicant must then select a total of five (5) DIFFERENT objectives in total. Click ADD to include each individual Type of Service and corresponding objective.

- **There MUST be at least five (5) DIFFERENT objectives selected**

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 (%)*
▲▼

NOTE: Program performance will be measured against the information in this section.

Click SAVE and Mark as Complete if done.

FORM #13 EVALUATION PROCEDURE

The purpose of this narrative form is to describe the process to be used to determine the effectiveness and success of your program. This information is necessary for the grantor to determine if, and how, the applicant will oversee the proposed project to ensure its success.

This component should tie back to the agency/project mission statement as well as the VOCA goal, type of services and the objectives selected by the applicant in the previous section.

- Describe the process used to determine the effectiveness of the 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 in the “Other Attachments” component).
- What type of data will be collected?
- Who will evaluate the collected data? Be specific!
- What will be done with the data that is collected?
- How often will the collected data be evaluated?
- NOTE: any and all data should adhere to the confidentiality requirements of the grant.

This section has a 60,000 character limit.

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 DPS. Keep in mind that any and all data should adhere to the confidentiality requirements of the grant.

Click **SAVE** and **Mark as Complete** if done.

FORM #14 REPORT OF SUCCESS

The purpose of this narrative form, if applicable, is to determine if the proposed project has met the goals and objectives of its currently funded project. This information is important to the grantor to determine if the project warrants continued funding and/or a re-examination of the project's goals and objectives.

If the proposed project is not currently being supported with VOCA or SSVF funds, put N/A on this form.

If the proposed project is currently being supported with VOCA or SSVF funds, in an outline format, restate the Type of Service and Objectives verbatim from the current contract or the "VOCA Goals and Objectives" form located within the Grant Components section of the current contract. After each objective, provide information regarding results attained during the identified timeframe. Information such as any reports, surveys, or other measurement tools that support the success of the project may be included in the "Other Attachments" component of the application, but attachments shall not be substituted for the completion of this narrative form.

Report of Success*

In outline format, restate the goal, type of service and objectives from the current contract or the "VOCA Goals and Objectives" form.

*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 or expansion/enhancement of a project already being supported with VOCA funds.

Click **SAVE** and **Mark as Complete** if done.

FORM #15 BUDGET

The purpose of this form has multiple parts and serves to identify all costs associated with the proposed project for which funding is requested.

- To add a budget line item, click Add.
- To provide the required justification for a budget line item(s) click Edit.
- Each category for which funding is requested **MUST** have a justification or the form will not save.

A. PERSONNEL:

- To include personnel in your budget, click "Add." If the project includes more than one individual, repeat this step for each person.

- The Total Cost will automatically calculate as Salary per Pay Period x Number of Pay Periods x % of Grant Funded Time. (be sure the number of pay periods is correct)
- 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.
- Please note: The minimum percentage of time that may be budgeted on the grant is 10%. We will not fund any position that is less than 10% on the grant.

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 a line has been added under any budget category, justification for that 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: * Created

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

Employment Status: * FT

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: * \$0.00

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

% of Grant Funded Time: *

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

Number of Pay Periods: *

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

Local Match %: *

EXAMPLE 1 – Full-time, retained position paid bi-weekly (**26 pay periods/year**) at a salary of \$1,100 each pay period with no salary increase expected during the **24 month(2 year)** contract period. 26 x 2=**52 pay periods**.

Name	Title	Position (Select from drop down box)	Employment Status (Select from drop down box)	Salary per Pay Period	Number of Pay Periods	% of Grant Funded Time	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Jane Smith	Advocate	Retained	FT	\$1,100.00	52	100%	\$57,200.00	20	\$11,440.00	\$45,760.00

If a salary increase may occur during the contract period, a budget line item should be included to reflect the initial salary and to reflect the increase in salary.

EXAMPLE 2 – Full-time, created position paid monthly at a salary of \$2,000 each pay period, but expected to receive a 3% salary increase after 12 months of successful employment (effective 10/1/2018).

Name	Title	Position (Select from drop down box)	Employment Status (Select from drop down box)	Salary per Pay Period	Number of Pay Periods	% of Grant Funded Time	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Jane Smith 10/1/17-9/30/18	Advocate	Created	FT	\$2,000.00	12	100%	\$24,000.00	20	\$4,800.00	\$19,200.00

Jane Smith – 10/1/18-9/30/19	Advocate	Created	FT	\$2,060.00	12	100%	\$24,720.00	20	\$4,944.00	\$19,776.00
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****THE TEXT ENTERED UNDER THE NAME COLUMN IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM IF YOUR APPLICATION IS SUCCESSFUL****

B. 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 increase 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.

If personnel are included in the budget, provide the following justification for each position (preferably in the same order the positions are listed in the budget category):

If the position is new (created), provide the following information per position:

- ☐ a description of the job responsibilities the individual will be expected to perform
- ☐ where applicable to the posted position, identify any experience and/or certification that will be expected of the individual

If the position exists (retained), provide the following information:

- ☐ a description of the job responsibilities
- ☐ the experience possessed by the individual
- ☐ any certification the individual possesses as it relates to the proposed project
- ☐ if using Match in this section, please identify who will be providing these funds and describe the source of funds

If a salary change is included, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

For current sub-recipients: if the current salary per pay period is different from what is included in the existing VOCA contract budget, please provide an explanation for the difference in salary amounts, as well as how the agency has funded this increase.

- Example: Advocate A was budgeted at \$1000 per pay period, but received a merit increase of 3% on 01/01/2017, bringing her salary per pay period up to \$1030. The agency has paid for this increase through unrestricted donations.

Please include a detailed description of how often employees are paid. (e.g. every two weeks, monthly, weekly, 24 pay periods per year)

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Personnel budget category to avoid discrepancies in the budget category and the budget justification.

C. PERSONNEL BENEFITS:

Include the fringe benefits of any individuals working on the proposed project for which funding is requested.

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 %*

- To include a fringe benefit in your budget, click "Add" If an individual is eligible for multiple benefits, repeat this step for each benefit.
- The Total Cost will automatically calculate as Salary/Premium x Percentage/# of Periods x % of Funding Requested.
- 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.
- Please Note: Personnel funded through City and County Governments are employees of the City or County and should receive the same benefits/pay as other similar employees in the City/County Government.
- If an individual's time is not 100% funded by the grant, the fringe benefits must be prorated based upon the percentage of time requested through the grant.
- Actual premium amounts should be shown.

The following are examples to aid in the completion of the Personnel Benefits budget form:

EXAMPLE 1 – Jane Smith's 24 month salary of \$57,200 is included in the grant budget. The following fringe benefits are also requested:

- FICA/Medicare – 7.65% of salary
- Pension/Retirement – 8% of salary
- Medical Insurance - \$100 per month for the 24-month contract period
- Life Insurance - \$10.00 per month for the 24-month contract period
- Dental Insurance - \$5.00 per month for the 24-month contract period
- Unemployment Comp – 11.2% of the first \$13,000 of each year
- Workers Comp - \$3.25 per \$100 of salary

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
FICA/Medicare	FICA/Medicare – Jane Smith	\$57,200.00	0.0765	100%	\$4,375.80	20	\$875.16	\$3404.64
Pension/	Pension/ Retirement –	\$57,200.00	0.08	100%	\$4,576.00	20	\$915.20	\$3660.80

Retirement	Jane Smith							
Medical Insurance	Medical Insurance – Jane Smith	\$100.00	24	100%	\$2,400.00	20	\$480.00	\$1,920.00
Life Insurance	Life Insurance – Jane Smith	\$10.00	24	100%	\$240.00	20	\$48.00	\$192.00
Dental Insurance	Dental Insurance – Jane Smith	\$5.00	24	100%	\$120.00	20	\$24.00	\$96.00
Unemployment Comp	Unemployment Comp – Jane Smith	\$26,000.00	0.112	100%	\$2,912.00	20	\$582.40	\$2,329.60
Workers Comp	Workers Comp – Jane Smith	\$57,200	.0325	100%	\$1,859.00	20	\$371.80	\$1,487.20

If a premium rate or fringe benefit percentage is expected to change during the contract period, a budget line item should be included to reflect the initial rate/percentage and to reflect the change in rate/percentage.

EXAMPLE 2 – Janis Smith’s 24 month salary is \$42,900. Her pension rate is expected to increase from 8% of salary to 8.15% of salary after 12 months of the contract period. In addition, her medical insurance premium is expected to increase from \$100/month to \$120/month after 12 months of the contract period (effective 10/1/2018).

Category <i>(Select from drop down box)</i>	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Pension/ Retirement	Pension/ Retirement – Jane Smith	\$28,600.00	0.08	100%	\$2,288.00	20	\$457.60	\$1,830.40
Pension/ Retirement	Pension/ Retirement – Jane Smith; 4/1/2018	\$14,300.00	0.0815	100%	\$1,165.45	20	\$233.09	\$932.36
Medical Insurance	Medical Insurance – Jane Smith	\$100.00	12	100%	\$1,200.00	20	\$240.00	\$960.00
Medical Insurance	Medical Insurance – Jane Smith; 10/1/2018	\$120.00	12	100%	\$1,440.00	20	\$288.00	\$1,152.00

****THE TEXT ENTERED UNDER THE ITEM COLUMN IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM IF YOUR APPLICATION IS SUCCESSFUL****

D. 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.

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.

If your agency anticipates a premium or rate change during the project period, indicate the effective date of change, rate change and the reasoning for such change. Provide copies of the current policy premiums, and new premiums once they change.

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 should be provided as well.

For example:

- Dental Insurance is contributed by the employer to Delta Dental at a rate of \$5.00 per month per employee to provide coverage for oral care.
- FICA/Medicare is contributed by the employer to the IRS at a rate of 7.65% as set by the federal government for contributions for Social Security and Medicare.
- Life Insurance is contributed by the employer to Assurant Insurance at a rate of \$10.00 per month per employee to provide coverage in the event of death of the insured person.
- Medical Insurance is contributed by the employer to United Healthcare at a rate of \$100.00 per month per employee to provide coverage in the event of illness or injury to the insured person. Premiums are based on the calendar year and are expected to increase to \$120.00 per month per employee on January 1, 2018.
- Pension is contributed by the employer to the Missouri Local Government Employer Retirement System (LAGERS) at a rate of 8% of salary as a tax deferred savings vehicle that allows for the accumulation of a fund for later use as a retirement income. Each year, the LAGERS contribution rate is re-evaluated and traditionally increases. Therefore, the rate is anticipated to increase to 9% on January 1, 2018.
- Unemployment Comp is contributed by the employer at rate of 1.2% of the first \$13,000 of salary in the calendar year to provide employees, whose jobs have been terminated through no fault of their own, monetary payments for a given period of time or until they find a new job.
- Workers Comp is contributed by the employer to the Missouri Association of Counties (MAC) at an approximate rate of 2.83% of salary to provide wage replacement and medical benefits to employees injured in the course of employment.
- If using Match in this section please identify who will be providing these funds and describe the source of the funds.

If personnel's time is less than 100% grant funded, the fringe benefits must be based upon the percent of time requested through the grant.

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

NOTE: While important to clarify the percentage or premium per employee, it is recommended that agencies refrain from repeating the calculations outlined in the Personnel Benefits budget category to avoid discrepancies in the budget category and the budget justification.

E. PRN Time:

PRN Time

1. PRN positions: Acronym stands for Latin word, "pro re nata," which translates to "as the situation demands." Staff in PRN positions work on an "as needed basis." PRN positions are budgeted positions; however, are considered "temporary employment." Consistent with temporary positions, staff in PRN positions is not eligible for most employment benefits.

2. To include PRN Time in your budget, click "Add." To include PRN Time for more than one individual, repeat this step for each person.

3. The Total Cost will automatically calculate as Hourly PRN Time Pay x Hours on Project.

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.

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

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

Name*

Provide the position title of the individual.

Title*

Enter the hourly PRN rate for the individual. Do not round! If an individual expects a salary increase during the contract period, refer to the Grant Solicitation for further instructions and examples.

PRN Pay*

Enter the number of anticipated hours the individual will spend on the project.

Hours on Project*

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

Local Match %*

- PRN positions: Acronym stands for Latin word "pro re nata," which translates to "as the situation demands." Staff in PRN positions work on an "as needed basis." PRN positions are budgeted positions; however, are considered "temporary employment." Consistent with temporary positions, staff members in PRN positions are usually not eligible for most employment benefits.
- To include PRN Time in your budget, click "Add." To include PRN for more than one individual, repeat this step for each person.
- The Total Cost will automatically calculate as Hourly PRN Pay x Hours on Project.
- The Local Match Share will automatically calculate as Total Cost x Local Match %. The Match will then automatically calculate as Total Cost less Local Match Share.

EXAMPLE 1 – Kelly Smith will work approximately 200 hours of PRN time on the proposed project. Her PRN hourly pay rate is \$22.00.

Name	Title	Hourly PRN Pay	Hours on Project	Total Cost	Local Match %	Local Match Share	Federal/State Share
Kelly Smith	Advocate	\$22.00	200	\$4,400.00	0	0	\$4,400.00

If a salary increase may occur during the contract period, a budget line item should be included to reflect the initial PRN hourly pay and to reflect the increase in PRN hourly pay.

EXAMPLE 2 – Kelly Smith expects a salary increase 12 months into the contract period. It is anticipated that she will work 100 hours during the first 12 months at an hourly rate of \$22.00/hour, and that she will work another 100 hours during the second 12 months at a an hourly rate of \$24.00/hour (effective 10/1/2018).

Name	Title	Hourly PRN Pay	Hours on Project	Total Cost	Local Match %	Local Match Share	Federal/State Share
Kelly Smith 10/1/17-9/30/18	Advocate	\$22.00	100	\$2,200.00	0	0	\$2,200.00
Kelly Smith – 10/1/18-9/30/19	Advocate	\$24.00	100	\$2,400.00	0	0	\$2,400.00

****THE TEXT ENTERED UNDER THE NAME COLUMN IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM IF YOUR APPLICATION IS SUCCESSFUL****

F. PRN Time Justification:

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 individual's 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.

- 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.

G. PRN Time Benefits:

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 %:*

- To include a PRN benefit in your budget, click "Add." If an individual is eligible for multiple benefits, repeat this step for each benefit.
- The Total Cost will automatically calculate as Salary/Premium x Percentage/# of Periods x % of Funding Requested.
- 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 Personnel Benefits section above for examples in completing this budget category. If a change in premium or fringe benefit percentage is expected during the contract period, be sure to include a budget line item to reflect the initial rate/percentage and to reflect the change in rate/percentage.

H. 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.

- If PRN benefits are included in the budget, provide justification for each PRN benefit. 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.
- If using Match in this section please identify who will be providing these funds and describe the source of the funds.

I. Volunteer Match:

A form similar to [Appendix B](#) or other detailed record keeping system will need to be utilized to keep detailed records for volunteer and on call hours and activities.

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:*

- If volunteer hours will be included in the Budget as local match, click Add and complete this section. Repeat this step for each type of volunteer match.
- Volunteer hours will be calculated at the rate of \$18.00/hour.
- Under Description of Service Provided, break volunteer hours down by the type of service to be provided by the volunteers.
- Under Number of Volunteers, indicate the number of volunteers who will be providing the type of service indicated.
- Under Total Hours, indicate the total number of hours to be contributed by volunteers for the type of service that has been included.
- The Total Cost will automatically calculate as Total Number of Hours x \$18.00/hour.

A form similar to [Appendix B](#) should be utilized to keep detailed records for volunteers' hours and activities.

EXAMPLE 1 – Eight volunteers will work the Hotline for a total of 50 hours. Also, three volunteers will work in the Daycare for 10 hours. On-Call time is calculated at one (1) hour for every four (4) hours on call (not including time spent providing direct services).

Description of Services	Number of Volunteers	Total Hours	Local Match Share
Hotline-on call	8	50	\$100.00
Daycare	3	10	\$540.00

J. Volunteer Match Justification:

- Outline the specific activities/duties that the volunteers will be conducting on this project
- Ensure activities and time are recorded monthly for each volunteer in a proper format such as [Appendix B](#).

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).

K. 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:*

- On-call volunteer time can only be claimed as one hour for every four hours on-call (or .25 x 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 1:4 time.
- On-call volunteer time used as match will be limited to 50% of the total required match on the grant.

EXAMPLE 1 – Eight volunteers will work On Call for shelter duty for a total of 100 hours.

Description of Services	Number of Volunteers	Total Hours	Local Match Share
On Call- Shelter	8	100	\$200.00

L. On-Call Volunteer Match Justification:

- Outline the specific activities/duties that the volunteers will be conducting.

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.

M. TRAVEL/TRAINING:

Include any travel or training related costs for which funding is requested. Costs should be estimated based on the most restrictive travel policy ([MoDPS Subrecipient Travel Guidelines](#) or agency travel policy).

Travel or training related costs may include, but are not limited to: airfare/baggage, airport parking, lodging, hotel parking, meals, registration/tuition fees, rental car and fuel, mileage, shuttles, taxis, tolls, etc. **Alcoholic beverages are strictly prohibited from reimbursement.** [State per diem rates](#) are listed on the State's website. Lodging costs should be reasonably consistent with the state lodging rate. Registration fees should be included under this budget category. [Mileage](#) shall not exceed the State rate, but should follow agency policy if it is more restrictive.

To include travel- or training-related costs in the budget, click "Add." Repeat this step to include each expense.

Due to the uncertainty of shuttles, taxis, toll roads, and parking, a "Miscellaneous taxi/shuttle/toll/parking" line tied to a particular travel event can be included within the budget to lump these variable expenses. However, the travel justification must explain the "Miscellaneous" line.

Travel should be in the most direct, practical route with prudence to the use of federal/state funds! Travel is often part of the job and travel arrangements and payments are intended to be neutral to the Subrecipient with no advantage or benefit to the Subrecipient.

Per the [OJP Financial Guide](#), Subrecipients of a State must follow their state's travel policy, in terms of grant expenditures. Therefore, subrecipients shall adhere to their local travel policy per their agency/organization guidelines for reimbursement, or Subrecipients may be reimbursed based on the current grant [DPS Subrecipient Travel Guidelines](#) whichever is more stringent.

Travel/Training

- To include travel- or training-related costs in the budget, click "Add". Repeat this step to include each expense.
- Tuition or registration fees should be included on this form, but Consultant or Trainer Fees must be included under the Contractual budget category.
- 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.
- The Total Cost will automatically calculate as Unit Cost x Duration x Number.
- 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 %*

EXAMPLE 1 – As an advocate, Jane Smith is requesting to attend the 3-day Missouri Victim Services Academy (MVSA) training. She will need lodging for 4 nights at the State per diem rate of \$95.00/day, meals for 4 days at a State per diem rate of \$39.00/day, mileage allowance for driving her personal vehicle for 100 miles at \$0.37/mile, and registration costing \$130.

Item	Category <i>(Select from drop down box)</i>	Unit Cost <i>(Amount or rate per mile, month, day, ticket, etc.)</i>	Duration <i>(Number of months, miles, days, etc.)</i>	Number <i>(Number of vehicles, people, rooms, etc.)</i>	Total Cost	Local Match %	Local Match Share	Federal/State Share
MVSA - Lodging	Lodging	\$95.00	4	1	\$380.00	0	0	\$380.00
MVSA - Meals	Meals	\$39.00	4	1	\$156.00	0	0	\$156.00
MVSA – Mileage	Mileage	\$0.37	100	1	\$37.00	0	0	\$37.00
MVSA– Registration	Registration Fee	\$130.00	1	1	\$130.00	100	\$130.00	\$0.00

- The Total Cost will automatically calculate as Unit Cost x Duration x Number.
- 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.

****THE TEXT ENTERED UNDER THE ITEM COLUMN IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM IF YOUR APPLICATION IS SUCCESSFUL****

N. 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 increase 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.

- 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; approval must be sought at least 30 days prior to the training date.
- If an increase and/or new line item is being requested, please explain.

If the person attending the training/meeting is not budgeted within the Personnel or Personnel Overtime budget category, be sure to also clarify who the person is, their role/job responsibilities with the project, and any training they currently possess as it relates to the proposed project.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Travel/Training budget category to avoid discrepancies in the budget category and the budget justification.

O. EQUIPMENT:

Include any equipment for which funding is requested.

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 %*

- Equipment is defined as tangible, non-expendable (non-consumable) property having a useful life of more than one year and a value of \$1000 or more.
- 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. A proper accounting of any and all equipment should be kept in a spreadsheet such as the one in [Appendix C](#)
- Vendor quotes for requested equipment, if available, may be uploaded under the "Other Attachments" component.
- The Total Cost will automatically calculate as Unit Cost x Quantity.
- 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.
- Equipment costs should be reasonable and necessary to providing direct services to victims of crime.
- Any equipment requested should be prorated if used for purposes other than for providing direct services.

NOTE: An applicant may use their own definition of equipment provided that the definition would, at least, include the equipment described above.

EXAMPLE 1 – Jane Smith requests to purchase a replacement desktop computer. The computer was priced from Dell at \$1,000 each, plus \$20 shipping.

Item	Description	Unit Cost	Quantity	Source of Bid	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/State Share
Desktop Computer	Dell	\$1,020.00	1	None	100%	\$1,020.00	0	0	\$1,020.00

****THE TEXT ENTERED UNDER THE ITEM COLUMN IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM IF YOUR APPLICATION IS SUCCESSFUL****

P. 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 increase 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.

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.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Equipment budget category to avoid discrepancies in the budget category and the budget justification.

Q. SUPPLIES/OPERATIONS

Include any supplies or operational costs for which funding is requested.

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 Total Cost will automatically calculate as Unit Cost x Quantity.

- 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.
- Supplies/Operations must be prorated based on the proposed VOCA budget compared to agency total income.
- Membership dues, etc. cannot be requested (ineligible costs).
- The titles of films, brochures, and other "miscellaneous items" not specifically outlined in the approved budget must be submitted to the Missouri Department of Public Safety, Office of the Director 30 days in advance, for approval **prior** to purchase these items.
- The following list constitutes "office supplies" for the grant project. An "office supplies" line item can be included on the Supplies/Operations budget page in reference to this approved list. You do not need to list separately any of the items contained in the list.
- If you are requesting funding for an item that is not contained within the list, you will need to show that item(s) separately on the Supplies/Operations line item.

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.***

EXAMPLE 1 – Jane Smith requests office supplies (pens, pencils, paper, toner cartridges, staples, paper clips, rubber bands, batteries, etc.) averaging \$25/month for the 24 month contract period.

EXAMPLE 2 – Jane Smith also requests office telephone service for the 24 month contract period, which is shared with the department but averages 50% usage towards the proposed project. The telephone service costs \$70/month. **(Remember these items must be prorated).**

EXAMPLE 3 – Jane Smith also requests internet service. The internet provider has indicated a rate increase from \$45/month to \$50/month after 12 months of the contract period (effective upon the October 2018 billing). **(Remember these items must be prorated).**

EXAMPLE 4 – Jane Smith also requests utilities (electric, water, sewer, and trash) be funded. **(Remember these items must be prorated).** These services average \$150/month. However, only 63% of the agency funding comes from VOCA.

EXAMPLE 5 – Jane Smith requests office rent. **(Remember this item must be prorated).** The landlord has indicated a rate increase from \$400/month to \$450/month after 12 months of the contract period (effective October 2018). Remember only 63% of the agency funding comes from VOCA.

Item	Basis for Cost Estimate (Select from drop down box)	Unit Cost	Quantity	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Office Supplies	Monthly	\$25.00	24	100%	\$600.00	0	0	\$600.00

Office Telephone	Monthly	\$70.00	24	50%	\$1680.00	0	0	\$1680.00
Internet (April to Mar)	Monthly	\$45.00	12	63%	\$340.20	0	0	\$340.20
Internet (April to Sept)	Monthly	\$50.00	12	63%	\$378.00	0	0	\$378.00
Utilities (Electric)	Monthly	\$150.00	24	63%	\$2,268.00	0	0	\$2,268.00
Office Rent (April to March)	Monthly	\$400.00	12	63%	\$3,024.00	0	0	\$3,024.00
Office Rent (April to Oct)	Monthly	\$450.00	12	63%	\$3402.00	0	0	\$3402.00

****THE TEXT ENTERED UNDER THE ITEM COLUMN IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM IF YOUR APPLICATION IS SUCCESSFUL****

R. 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 increase 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.

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

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Supplies/Operations budget category to avoid discrepancies in the budget category and the budget justification.

S. CONTRACTUAL:

Include any contractual support or consultant services for which funding is requested.

- 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.
- The Total Cost will automatically calculate as Unit Cost x Quantity.
- 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.
- **The maximum amount that may be reimbursed for contractual expenses is \$56.25/hr. or \$450 per day.**

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 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.

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 %*

The following is an example to aid in the completion of the Contractual budget form:

EXAMPLE 1 – Jane Smith requests to hire a licensed therapist to counsel victims for 60 hours and charges a rate of \$35/hour.

Item	Basis for Cost Estimate <i>(Select from drop down box)</i>	Unit Cost	Quantity	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/State Share
Therapist	Hourly	\$35.00	60	100%	\$2,100.00	0	0	\$2,100.00

****THE TEXT ENTERED UNDER THE ITEM COLUMN IS HOW THE LINE ITEM WILL DISPLAY ON THE CLAIM FORM IF YOUR APPLICATION IS SUCCESSFUL****

T. 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 increase 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.

- 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.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Contractual budget category to avoid discrepancies in the budget category and the budget justification.

U. 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.

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.

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, 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. 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.

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.

Indirect Costs	
<p><i>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.</i></p> <p><i>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.</i></p> <p><i>If applicant agency chooses to request indirect costs there are three ways to enter into the budget:</i></p> <p><i>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.</i></p> <p><i>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).</i></p> <p><i>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.</i></p> <p><i>Applicant organizations should keep in mind the following:</i></p> <p><i>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.</i></p> <p><i>2. The cost allocation plan must be re-prepared each time an application for grant is made.</i></p> <p><i>3. If using the de minimus rate of 10%, it is only on the first \$25,000 which is a maximum of \$2,500.</i></p> <p><i>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.</i></p>	
Project Costs: *	<input type="text" value="\$0.00"/>
Select which indirect cost type applies to your agency.	
Indirect Type *	<input type="text" value="Indirect Cost Rate Cognizant Agency Approved"/>
Enter your indirect cost rate.	
Indirect Rate: *	<input type="text"/>
Indicate the percentage of indirect costs to be attributed to the project's local match share.	
Local Match %: *	<input type="text"/>

V. 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.

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.

Click **SAVE** and **Mark as complete** if done.

FORM #16 NON-SUPPLANTING CERTIFICATION:


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: * 

FORM #17 VOCA DATA FORM:

The purpose of this form is for the State to gather information that will be passed to the Federal government and used to determine what services are being provided and where service gaps exist within the VOCA program. Best-guess estimates and anticipated volume utilizing previous years' data and other unique factors to the community being served are requested.

1. Complete the form by clicking Edit in the upper right hand corner.
2. Prorate the VOCA Funds Requested by putting the percentage by the types of victims to be served (please give your best estimates).
3. Prorated amounts and percentages of Underserved Victims (dollar amounts and percentage amounts must equal dollars and percent of Total Underserved and Other in the section above or the form will not work).
4. Indicate the anticipated number of victims to be served by this VOCA funded project
5. If a domestic violence shelter, indicate the anticipated breakdown of residential, non-residential victims to be served, and the anticipated number of bed nights provided for this VOCA funded project.
6. Click Save to check percentages.
7. Make sure percentages total 100%.

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:

Click **SAVE** and **Mark as Complete** if done.

FORM #18 OTHER FUNDING SOURCES:

Use this form to list any other funds utilized 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.

- To add Other Funding Sources, click Add in the upper right corner.
- Complete the form

Instructions

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.

Other Funding Sources

Source of Funding *

Amount *

Description of the Funding *

Funding Period *

Expenditures Covered by Funding *

- Click Save
- To add more sources, repeat the process

Click **SAVE** and **Mark as Complete** if done

FORM #19 SELF EVALUATION RISK ASSESSMENT:

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: 

Click **SAVE** and Mark as complete if done

*****ALL OF THE FOLLOWING MUST BE SUBMITTED AS SCANNED/ATTACHED DOCUMENTS; HARD COPIES WILL NOT BE ACCEPTED.**

DO NOT PASSWORD PROTECT DOCUMENTS, WEBGRANTS WILL BE UNABLE TO OPEN THEM***

FORM #20 AUDIT REQUIREMENTS:

The purpose of this form is to gather general audit information relating to the applicant agency. As a recipient of federal/state funds, applicants are expected to have financial responsibility in the usage of monies and the record keeping of documentation and corresponding written policies and best practices to ensure accountability.

This form will collect information pertaining to the date of the applicant agency's last audit, the amount of federal and/or state financial assistance (i.e. grant monies, loan guarantees, property, cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and any other assistance) received during the last audited period, and the anticipated date of the next audit. If you meet the thresholds listed you will be required to submit an electronic version of your latest audit in the other attachments component of this application. Failure to submit an audit when required may result in loss of funding. An audit is required for the *agency fiscal year* when:

- State financial assistance expended by the agency is \$375,000 or more (does not include pass through funds)
- Federal financial assistance expended by the agency to include those passed through the state and those awarded directly by the Federal Government is \$750,000 or more.

NO audit is required (but is encouraged) if the agency expends less than \$375,000 in state funds or less than \$750,000 in federal funds, however detailed records in compliance with all regulations regarding grant activity and funding is still required and must be accessible by the State or Federal entities upon request.

Instructions	
This form is necessary for the Missouri Department of Public Safety to gather general audit information relating to your agency.	
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:	
<ul style="list-style-type: none"> 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. 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. 	
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.	
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.	
Please attach the agency's last audit in "other attachments"	
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"/>
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.	
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.	
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.	
Federal Amount: *	<input type="text" value="\$0.00"/>
State Amount: *	<input type="text" value="\$0.00"/>

Per the [OJP Financial Guide, Chapter 3.19, Audit Requirements](#), organizations are required to have an organization-wide, independent audit in accordance with the provisions of [Title 2 C.F.R. Subpart F \(§ 200.500 et seq.\)](#) If the organization has expended \$750,000 or more in federal funds (including, but not limited to, VOCA funds) within the organization's 12 month turnaround reporting year.

If the agency is a non-Federal entity that expended less than the applicable audit annual threshold in Federal awards, or state awards the agency are exempt from Federal audit requirements for that year for the purposes of this grant cycle. However, records must be kept that are available for review or audit by appropriate officials including the Federal agency, pass-through entity, and U.S. Government Accountability Office (GAO).

Organizations should submit their most recent audit that has been completed in required attachments. If they have not had an external entity audit, submission of the most recent internal audit completed will need to be submitted. If neither of those has been done, then financial statements showing pertinent information must be submitted.

Refer to the "[DPS Financial and Administrative Guide](#)", for more information regarding audit responsibilities.

Click SAVE and Mark as Complete if done.

FORM #21 REQUIRED ATTACHMENTS:

The purpose of this form is to collect multiple documents that will aid in determining the organization's ability to abide by the grant process, procedures, and guidelines. These documents are required as they are essential in making the decision of whether or not funds will be awarded. Please attach the following documents **by type** (e.g. all job descriptions in one file). Multi-page documents must be scanned as one full document to ensure no pages are separated. Once a document is added, click save, and repeat the process for each document type requested. Please

properly name all attached files so there is no confusion when the documents reach CVSU. The next section “Other Attachments” will allow for any other documents to be added that are not required in this section.

- Detailed copy of the organizational chart that includes positions, names, titles etc. that are pertinent to this project.
- Procurement Policy must be included if the organization is requesting travel, supplies or operational costs, equipment or contractual expenses.
- Mileage Reimbursement Policy if requesting travel mileage reimbursement.
- Job descriptions for all personnel involved in the proposed project. Must include job duties for each position, and minimum qualifications for that position. Submit job descriptions for anyone who may potentially benefit from the grant (i.e. salary, benefits travel, equipment).
- Organization’s most recent profit/loss statement, with actual expenditure and income breakdowns
- Organization’s current budget- attach the most recent proposed budget. 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 also make sure grant funding sources greater than \$5,000.00 are identified in the budget.
- Organization’s past budget, attach a copy of the agency's most recent past budget. Make sure funding sources greater than \$5,000.00 are identified in the budget.
- A list of the organization's current Board of Directors (if applicable), this list should include the names positions/titles held by the Board Members and addresses other than the organization.
- Documentation of Nonprofit Status (if applicable), do not send the agency’s tax-exempt status letter from the State of Missouri. The letter confirming non-profit status from the Federal Internal Revenue Service is the required document.
- Letters of Collaboration should be from partner agencies with whom the organization works to provide effective services to victims of crime in the community or service area. Letters from victims/clients are not accepted in lieu of letters from partner agencies.
 - Letters should describe the work done between the agencies to address crime victimization and the services provided by this project.
 - Form letters are not acceptable.
 - Collaborations should be necessary and not forced.
 - Letters should tie back to the Coordination of Services section of the narrative.
 - Letters of Collaboration are different than letters of support in that the letters of collaboration come from other agencies with which the subrecipient agency actively works or coordinates services.
 - At least 3 current letters of collaboration should be submitted
 - Memorandums of Understanding are also acceptable. MOU's should be no older than 3 years.
- Copies of each Contractual 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. ****For this section only Each draft contract or actual contract should be loaded as a separate document and named specifically.****
- Most recent pay stubs for personnel who are receiving pay and/or benefits from this grant (if applicable).
- Agency's most recent Form 990 (if applicable).

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

Please open each document once uploaded to ensure it will open in WebGrants

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. Hard copy documents will not be accepted.

Click SAVE and Mark as Complete if done.

FORM #22 OTHER ATTACHMENTS:

The purpose of this form is to allow the applicant to attach any other documents applicable to the proposed project or available to support information provided within an application form. Other attachments may include, but are not limited to, vendor quotes for equipment, letters of support from those other than collaborative partners, flow charts for project implementation, surveys that will be used in the evaluation of the project, match waiver request letters or other information that the organization deems appropriate for consideration in the competitive process. (For more information regarding match waiver request letters see the [“General Program Guidelines” Section X. Local Match Requirement, Match Waiver Request Letters](#))

NOTE: If your project does not have “other attachments”, just click ‘Mark as Complete’ and proceed with the submission of the application.

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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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. Hard copy documents will not be accepted.

*****ALL OF THE PRECEDING MUST BE SUBMITTED AS SCANNED/ATTACHED DOCUMENTS; HARD COPIES WILL NOT BE ACCEPTED.**

DO NOT PASSWORD PROTECT DOCUMENTS, WEBGRANTS WILL BE UNABLE TO OPEN THEM***

FORM #23 SUBGRANT AWARD REPORT:

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. FAQ's are in [Appendix F](#).

Subgrant Award Form (SAR)		Preview Component
Program Area: Victims of Crime Act (VOCA)		
Module: Application		
Form Type: Standard		
Subgrant Organization Information		
Subgrant Organization Name:	<input type="text"/>	
Subgrant Organization Address:	<input type="text"/>	
Subgrant Organization City:	<input type="text"/>	
Subgrant Organization State:	<input type="text"/>	
Subgrant Organization Zip:	<input type="text"/>	
Select if your entity is a type of government, agency, or organization.		
Type of Entity:	<input type="text" value="Government Agencies"/>	
Entity Designation:	<input type="text" value="Courts"/>	
Point of Contact		
Point of Contact Name:	<input type="text"/>	
Point of Contact E-Mail Address:	<input type="text"/>	
Point of Contact Phone Number:	<input type="text"/>	
Grant Details		
Enter the Grant # if known.		
Grant #:	<input type="text"/>	
Grant Amount:	<input type="text"/>	
Project start date:	<input type="text"/>	
Project end date:	<input type="text"/>	
Purpose of the VOCA Subaward (check all that apply)		
Purpose:	<input type="text" value="A) Continue a VOCA-funded victim project funded in a previous year"/> <input type="text" value="B) Expand or enhance an existing project not funded by VOCA in a previous year"/> <input type="text" value="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:	<input type="text" value="City of St. Louis"/> <input type="text" value="Adair"/> <input type="text" value="Andrew"/> <input type="text" value="Atchison"/> <input type="text" value="Audrain"/>	
Select if a match waiver was submitted.		
Match Waiver:	<input type="radio"/> Yes <input type="radio"/> 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		
Information & Referral	<input type="text" value="Information about the criminal justice process"/> <input type="text" value="Information about victim rights, how to obtain notifications, etc."/> <input type="text" value="Referral to other victim service programs"/> <input type="text" value="Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address-confidentiality programs, etc.)"/>	
Personal Advocacy/Accompaniment		
Personal Advocacy/Accompaniment:	<input type="text" value="Victim advocacy/accompaniment to emergency medical care"/> <input type="text" value="Victim advocacy/accompaniment to medical forensic exam"/> <input type="text" value="Law enforcement interview advocacy/accompaniment"/> <input type="text" value="Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects)"/> <input type="text" value="Performance of medical forensic exam or interview, or medical evidence collection"/>	
Emotional Support of Safety Services		
Emotional Support of Safety Services	<input type="text" value="Crisis intervention (in-person, includes safety planning, etc.)"/> <input type="text" value="Hotline/crisis line counseling"/> <input type="text" value="On-scene crisis response (e.g., community crisis response)"/> <input type="text" value="Individual counseling"/> <input type="text" value="Support groups (facilitate or peer)"/>	
Shelter/Housing Services		
Shelter/Housing Services	<input type="text" value="Emergency shelter or safe house"/> <input type="text" value="Transitional housing"/> <input type="text" value="Relocation assistance (includes assistance with obtaining housing)"/>	
Criminal/Civil Justice System Assistance		
Criminal/Civil Justice System Assistance	<input type="text" value="Notification of criminal justice events (case status, arrest, court proceedings, case disposition, release, etc.)"/> <input type="text" value="Victim impact statement assistance"/> <input type="text" value="Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)"/> <input type="text" value="Civil legal assistance in obtaining protection or restraining order"/> <input type="text" value="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:	<input type="text"/>	
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:	<input type="text" value="\$0.00"/>	
State/Territory:	<input type="text" value="\$0.00"/>	
Local:	<input type="text" value="\$0.00"/>	
Other Federal:	<input type="text" value="\$0.00"/>	
Other Non-Federal:	<input type="text" value="\$0.00"/>	
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:	<input type="text"/>	
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:	<input type="text"/>	
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:	<input type="text"/>	

FORM #24 APPLICATION CERTIFIED ASSURANCES:

This component of the application requires the Authorized Official to attest to the compliance of all conditions relating to the grant program and the proposed project, as applicable. The typed name, in lieu of a signature at the time of application, represents the binding acceptance of the terms of the application and statement of the veracity of the representations made in the application.

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

[2017 VOCA Certified Assurances>](#)

I am aware that failure to comply with any of the Certified Assurances and/or Confidential Funds Certifications, if applicable, could result in funds being withheld until such time that I, the recipient, take appropriate action to rectify the incident(s) of non-compliance.

I have read and agree to the terms and conditions of the grant. * ☐ Yes ☐ No


If No is selected please provide an explanation.

If No

Your typed name as the applicant authorized official, in lieu of signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application.

Title: *

Authorized Official Name: *

Date: * 

NOTE: The name provided on this form must match the name listed as the Authorized Official on the Contact Information form to constitute a valid application. In addition, the Date must be current and reflective of the funding opportunity year and the application submission date. An application may automatically be declined if an applicant indicates 'No' to the terms and conditions of the grant unless an acceptable explanation is provided, the incorrect Authorized Official name is provided, and/or the date is not current, as these constitute an invalid application.

Click **SAVE** and **Mark as Complete** if done.

III. SUBMITTING AN APPLICATION:

The applicant shall submit all data as requested and required within the application forms. Failure to submit all required, requested data could disqualify the proposal from further consideration. **Applicants will not be contacted if they fail to submit all required, requested data.**

Once all the application components are 'Marked as Complete' **please review the application by clicking the 'Preview' button.** Also click on each attachment file name to ensure that the attachment can be opened and is readable. A copy of the application may be printed from the preview screen for the organizations record or an Adobe PDF copy of the application can be saved. Once the organization deems the application is ready for submission, click the 'Submit' button. **ONCE THE SUBMIT BUTTON HAS BEEN CLICKED, NO CHANGES CAN BE MADE WITHOUT CONTACTING DPS-CVSU TO UNLOCK THE APPLICATION.** A confirmation screen will appear which may be printed for the organization's records. The individual selected as the Primary Contact in the General Information component of the application will receive a confirmation email of submission from dpswebgrants@dps.mo.gov.

Applications AND all attachments must be submitted through WebGrants no later than 5:00 p.m. on June 2, 2017. Proposals cannot be submitted after this date and time. Applicants are encouraged to begin the process immediately to meet the application deadline. Applications submitted through any means other than WebGrants will not be considered for funding.

If the applicant determines prior to the application deadline that **revisions are necessary to any component** of the application, the applicant must **contact the Missouri Department of Public Safety by email prior to the deadline** to have the application unlocked. The email should be sent to CVSU@DPS.MO.GOV and should **clearly indicate which form(s) are to be re-opened for the necessary change(s)**. The applicant should ensure the application is resubmitted by the stated deadline. If the unlocked application forms are not resubmitted prior to the deadline, the application will be disqualified from further consideration.

If the applicant experiences unforeseen **technical WebGrants issues** beyond the applicant's control that prevents submission of the application by the deadline, the applicant must **contact the Missouri Department of Public Safety staff by email within 24 hours after the deadline** and request approval to submit the application. The email should be sent to CVSU@DPS.MO.GOV and **must include a description of the technical difficulties, a timeline of submission efforts, screen shot(s) of the error code(s), and other information as necessary**. The Missouri Department of Public Safety will consider all submitted information to determine if the application will be accepted.

Applicants will not be contacted if an item is missing from the application.

IV. CHANGE IN PERSONNEL:

Notification of personnel changes must be communicated to the Missouri Department of Public Safety via the Correspondence component of WebGrants using the *Change of Information Form* ([Appendix A](#)).

The completed *Change of Information Form* must be submitted as an attachment to the Correspondence. Additional information not captured in the *Change of Information Form* may be supplied in the message of the Correspondence, but the message of the Correspondence shall not substitute for the Subrecipient's requirement to complete the *Change of Information Form*.

A. My Profile

1. Removing an Individual

If an individual needs to be removed as a registered user for the Organization, please notify the Missouri Department of Public Safety-CVSU within a timely manner, so the individual can be properly disassociated with the organization's profile and removed from all contact lists.

Do not remove a registered user, and do not re-use a prior employee's profile!

The Missouri Department of Public Safety-CVSU will make the necessary change(s) and will notify the subrecipient when the change(s) have been completed.

2. Adding an Individual

If an individual needs to be added as a registered user for the Organization, first complete the registration form in the My Profile module of WebGrants. Do not re-use a prior employee's profile!

Notify the Missouri Department of Public Safety-CVSU once the registration is complete so the individual can be added to the proper contact lists.

The Missouri Department of Public Safety-CVSU will make the necessary change(s) and will notify the subrecipient when the change(s) have been completed.

B. Contact Information form

Changes in or temporary absence of the Authorized Official, Project Director, Fiscal Officer, and/or Officer in Charge as listed on the Contact Information component of the grant must be communicated to the Missouri Department of Public Safety-CVSU within a timely manner.

The Missouri Department of Public Safety-CVSU will edit the Contact Information form based on the notification and will notify the subrecipient when the change(s) has been completed.

V. **REPORTING REQUIREMENTS:**

Compliance webinars will be held by program representatives regarding reporting requirements, claims and all other compliance issues. Subrecipients **MUST** attend one of the mandatory compliance webinars that address these areas.

A. **Subgrant Award Report (SAR)**

The Subgrant Award Report (SAR) is now a form completed during application that will be partially filled out during application and completed after award but before funding or underway status is achieved. This document was previously an excel spreadsheet format, but has been placed in WebGrants to streamline processes. The SAR must be completed at time of application with available information and will be negotiated back for completion before the grant can begin. If the SAR is not returned to CVSU, then the grant cannot be placed in “underway” status and no funding or reimbursements can be made. This information is necessary for DPS-CVSU to collect in order for DPS-CVSU to be compliant with federal reporting requirements.

B. **Claims**

Recipients of VOCA funds are required to submit a monthly claim report in WebGrants to verify actual cash expenditures and request reimbursement of those expenditures. A claim report must be submitted each month, until the project is programmatically and financially completed, even if there are no expenditures to claim. Only one claim report may be submitted per month.

Claim reports are due no later than the 5th day of each month. This deadline is subject to change only if the 5th falls on a state holiday or weekend, in which case the deadline is extended to the next business day.

Failure to submit the required report on a monthly basis, by the due date, will result in delay of reimbursement until the following month and/or cancellation of the subaward if the delinquency becomes problematic.

The claim report will consist of the following forms:

- **General Information** - used to identify the reporting period (as outlined in the above schedule) and the type of report (monthly).

Claim General Information

To create a new Claim enter the starting date and the ending date of the Report Period. This is the period of coverage for this Claim.

Claim Type: * Monthly

Report Period: From * [Date] to * [Date]

Invoice Number [Field]
State Agencies Only! Drop first 3 digits of number. Leave blank if there is not an invoice number!

Is This Your Final Report? * ☐ Yes ☐ No

- **Activity time sheet** - used to identify the Federal/State share, as applicable, per budget line; the totals identified on this form are aggregate totals from the Detail of Expenditure form.

A. Staff

Staff	
Add staff here then they will appear in the Timesheet below.	
Employee Name*	<input type="text"/>
Total Number of Victims Served*	<input type="text"/>
Supervisor Name*	<input type="text"/>
Return to Top	

B. Activity Time Sheet

Instructions	
This form summarizes the employee's activities during the pay period and separates the time between allowable and unallowable hours.	
Activity Timesheet	
All grant funded employees, regardless of the amount of time spent on the project, must keep detailed timesheets.	
Grant funded employees must record all activities to document the percentage (amount) of time spent on the project. Only actual time spent on the project may be claimed.	
Use this form to document all hours for the employee(s).	
PLEASE ENTER ALL HOURS BY PAY PERIOD.	
Allowable services and activities included under the "Other" column heading must be described at the bottom of the form.	
Please round partial time (up or down) and report in 15 min. increments. *Note: See the link below for the Pay Period and Attendance Report for definitions of services.	
Definitions	
Employee*	<input type="text"/>
Start Date*	<input type="text"/>
End Date*	<input type="text"/>
Crisis Counseling	<input type="text"/>
Follow-up Contact	<input type="text"/>
Therapy	<input type="text"/>
Group Treatment	<input type="text"/>
Crisis Hotline	<input type="text"/>
Shelter Coverage	<input type="text"/>
Info & Referral	<input type="text"/>
Case Manage	<input type="text"/>
CJ Supp / Adv	<input type="text"/>
Emergency Legal Adv	<input type="text"/>
Assist w/ CVC	<input type="text"/>
Personal Adv	<input type="text"/>
Phone Contacts	<input type="text"/>
Do Not Include Paid Time Off	
Other Allowable Hrs	<input type="text"/>
vaca, sick, holiday, etc	
Paid Time Off	<input type="text"/>
Non-Allowable Hrs	<input type="text"/>
Return to Top	

C. Other Allowable Hours/Paid Time Off

Instructions	
This form summarizes the employee's activities during the pay period and separates the time between allowable and unallowable hours.	
Other Allowable Hours/Paid Time Off	
Please describe the "Other" Allowable Hours and Paid Time Off.	
Employee*	<input type="text"/>
Start Date*	<input type="text"/>
End Date*	<input type="text"/>
Brief Description of Activity	<input type="text"/>
Hours *	<input type="text"/>
Return to Top	

- **Detail of Expenditure** - - used to identify the expenditures including, pay date, budget category, check number, payee, description, gross/actual amount, percent of funding requested, percent of match funding requested

Detail of Expenditures

Line Number*

Pay Date: indicate the date of expenditure

Pay Date*

Budget Category: Select the category you are requesting payment for

Budget Category*

Check #: indicate the check number for the expenditure, where applicable. If the payroll was a direct deposit, indicate DD. If the expenditure was paid via electronic transfer, indicate EFT.

Check Number*

Payee: indicate to whom the check was paid or expenditure made

Payee*

Description: give a brief description of the expenditure. For example, "Jane - payroll for 7/1/11 - 7/31/11", or "John - Overtime/PRN -10 hours for 7/1/11 - 7/31/11", or "FICA/Medicare", or "Unemployment Comp 1st Qtr", or "Jane - 97 miles at 37¢ per mile", or "John & Jane - 2 Computers", or "John & Jane - Conference Registration", etc.

Description*

Gross Pay/Actual Amount: indicate the gross amount paid per pay period and/or full total of the expenditure. This information is helpful when determining eligibility of the cost and for monitoring purposes to locate the appropriate receipt.

Gross Pay/ Actual Amount*

% of Personnel Funding Requested: indicate the percentage of the expenditure for which funding reimbursement is requested.

% of Funding Requested*

% of Match: indicate the percentage of the expenditure for which match is being provided. .

% of Match Funding Requested*

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- **Reimbursements**

NOTE: The Missouri Department of Public Safety may request additional documentation be submitted with the claim report for purposes of desk monitoring the reimbursement of expenditures. Each VOCA subrecipient will receive at least one site visit during the grant period, but any documentation that can be submitted with the claim will lessen the site visit burden at a later date.

Reimbursement									
Budget Category	Details	Subaward Budget	Prior Expenses	Available Balance	Expenses This Period	Subaward Match	Prior Match Expenses	Remaining Match Requirement	Match Expenses This Period
Personnel									
Test	(Line Number), Tester(Title), 0.0000 (% of Grant Funded Time),	\$0.00	\$0.00	\$0.00	<input type="text"/>	\$0.00	\$0.00	\$0.00	<input type="text"/>
Volunteer Match (18.00/hour rate)									
Volunteer		\$0.00	\$0.00	\$0.00	<input type="text"/>	\$0.00	\$0.00	\$0.00	<input type="text"/>
Volunteer 2		\$0.00	\$0.00	\$0.00	<input type="text"/>	\$0.00	\$0.00	\$0.00	<input type="text"/>
On-Call Volunteer Match (18.00/hour rate)									
More Volunteers doing cool stuff		\$0.00	\$0.00	\$0.00	<input type="text"/>	\$0.00	\$0.00	\$0.00	<input type="text"/>
Volunteers		\$0.00	\$0.00	\$0.00	<input type="text"/>	\$0.00	\$0.00	\$0.00	<input type="text"/>
Contractual									
Therapy	(Line Number), 0.0000(% of Funding Requested),	\$0.00	\$0.00	\$0.00	<input type="text"/>	\$0.00	\$0.00	\$0.00	<input type="text"/>

- **Named Attachments** - use this section to upload copies of documentation which supports the expenditures requested, as required. The following documentation is required:

- **Personnel/Overtime Match-** If requesting reimbursement for personnel, personnel benefits, personnel overtime, or personnel overtime benefits, documentation of such costs must be provided. This includes, but is not limited to:
 - Completed activity sheets outlining hours worked by each employee on this project and what type of service was provided, similar to the [Appendix B](#)
 - Payroll reports or paystubs outlining the paid wages and employee deductions and/or employer benefits and;
 - Rate sheets for any fringe benefits for which reimbursement is requested but not displayed on the payroll report or paystub.
 - Any other necessary documentation to justify reimbursement.
- **Volunteer Match/On Call Match-** Time sheets that contain enough information to properly justify the volunteer's time and within the definitions of match, including but not limited to:
 - Completed activity sheets outlining hours worked by each employee on this project and what type of service was provided, similar to the [Appendix B](#).
- **Travel/Training-** If requesting reimbursement for travel/training costs, receipts must be provided. For meals incurred during travel, which do not require receipts under the state travel policy, a substitute document could be an employee expense report detailing the meal costs per day or a per diem rate sheet for that city. In addition, a copy of the 'certificate of attendance' or similarly issued attendance record must be provided for training costs. If a certificate is not provided by the trainer, a memo or letter must be provided as a substitute. Subrecipients must use the [DPS Travel Policy](#), unless their policy is more restrictive.
- **Equipment-** If requesting reimbursement for equipment, a copy of the vendor invoice or receipt must be provided displaying the vendor name, order date and/or invoice date, the quantity, the item description, and the unit cost and/or extended cost. Equipment must be logged in an organized manner such as [Appendix C](#).
- **Vehicles (equipment) (MUST BE *PREAPPROVED* IN WRITING [Appendix H](#))** -if requesting reimbursement for a vehicle, a copy of the sales contract and any other pertinent documentation displaying all relevant information such as the vendor, sales date, vehicle description, VIN number, registration, insurance, etc. Vehicles MUST be logged on an equipment log, but a maintenance log is also highly recommended to track maintenance and fuel expenditures. ([Appendix H](#))
- **Supplies/Operations-** If requesting reimbursement for supplies or operating costs, and a copy of the vendor invoice or receipt must be provided displaying the vendor name, order date and/or invoice date, the nature of the costs, and the unit cost.
- **Contractual-** if requesting reimbursement for contractual costs or consultant services, a copy of the contract should be sent the first month requesting reimbursement. Subsequent claims should include the monthly bill, time worked on project, vendor name, dates, nature of the costs, etc.

Reimbursement funds will be disbursed *approximately* the 25th day of each month. Recipients may track payments within the WebGrants system but obtain exact payment information through the Missouri Vendor Services Portal at <https://www.vendorservices.mo.gov/vendorservices/Portal/Default.aspx>. Click "Vendor Payment" in the green toolbar. Select FEIN and enter your agency's Federal Tax ID Number (FEIN). You may then search for a payment by 1) Invoice Number, 2) Check/EFT Number, 3) Dollar Amount, or 4) Date/Location. The prefix of a Payment Number for VOCA disbursements will be ER130.

C. Quarterly and Annual Reports

Recipients of VOCA funds are required to submit status reports both quarterly and annually. CVSU has developed a multi-tabbed excel spreadsheet to assist subrecipients with gathering required reporting information in the proper format. This excel document can be retrieved at the [CVSU-VOCA](#) website (VOCA Quarterly Report FORM). These reports allow the Missouri Department of Public Safety–CVSU to collect statistical information and monitor the progress/completion of approved projects for reporting to the Federal government.

A schedule of when Quarterly/Annual reports are due in WebGrants will be on the DPS-CVSU website on the CVSU [calendar](#). These reports are due every quarter until the project is programmatically and financially completed. The fourth quarter and annual report will be submitted simultaneously as the form accumulates totals from each quarter. Narrative sections are mandatory for the fourth quarter/annual submission. Quarterly/Annual reports are to be submitted via the “status reports” component of WebGrants via uploading the document in a cumulative format as the year progresses. The deadlines for submittal are subject to change, however, notification via WebGrants will be given if a change is made, and the calendar will be updated.

[VOCA Quarterly/Annual Report](#) sample front page is viewable in [Appendix F](#), but *must be* obtained via the website for downloading.

Failure to submit the required quarterly/annual reports in a timely manner, by the due date(s) listed on the calendar will result in the delay of reimbursement until the report is received and/or cancellation of the subaward if the delinquency becomes problematic.

VI. CONTRACT ADJUSTMENTS:

A. Contract Adjustments

A Subaward Adjustment for a budget revision must be submitted for the following requests:

- Transfer of funds from one budget line/category to another budget line/category to cover increases in cost;

NOTE: The Missouri Department of Public Safety allows Subrecipients to request reimbursement up to a 10% increase in the budget without prior approval. Prior approval does not need to be sought from the DPS when transferring less than 10% (cumulative during the contract period) of the total grant award from one budget category to another budget category (except for the Personnel Budget – Prior approval for any monetary additions in this category is necessary). Care must be taken to ensure supplanting does not occur if moving funds through an informal budget revision if your agency is subject to supplanting as indicated by the grant guidelines.

- Addition of a new budget line item in any budget category;
- Increase in the quantity of a line item in any budget category (e.g. increase from 5 months to 6 months for medical insurance coverage, increase from the purchase of 2 laptops to 3 laptops, increase from 1 bed to 3 beds, increase from the lease of 1 vehicles to 2 vehicles).

Subrecipients shall submit a request via the Budget Adjustment component of WebGrants in the event a budget revision is necessary. The Missouri Department of Public Safety-CVSU will review the request and follow up appropriately, depending on the type of revision is requested. Once all necessary edits are made, the Missouri Department of Public Safety will review, and it will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety. The subrecipient will be notified via WebGrants.

NOTE: A Contract Adjustment shall be submitted at least 30 days prior to the proposed change and will not be allowed within 60 days of the end of the contract period.

B. Program Revisions

A Contract Adjustment for a program revision must be submitted for the following requests:

- Change in the applicant agency
- Change in the project site
- Change in the project service area
- Change in the scope of programmatic activities
- Change in the general purpose of the grant

Subrecipients shall submit a request via the Contract Adjustment component of WebGrants in the event a program revision is necessary. The Missouri Department of Public Safety-CVSU will review the request and follow-up depending on the type of program revision. Once all necessary documents are collected, the Missouri Department of Public Safety-CVSU will review. Revisions will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety. The subrecipient will be notified via WebGrants.

NOTE: A Contract Adjustment for Program Revision shall be submitted at least 30 days prior to the proposed change and will not be allowed within 60 days of the end of the project period.

VII. MONITORING:

The Missouri Department of Public Safety will monitor all subawards to ensure appropriate fiscal and program records are being maintained. Monitoring is designed to provide assistance to the subrecipient both from a technical and programmatic standpoint, as well as to provide the Missouri Department of Public Safety-CVSU with the necessary information to ensure the subrecipient's compliance with state and federal laws and grant guidelines. The level and frequency of monitoring will be based on the risk assessment performed during the review process and spelled out in the conditions in the subaward document if the level and frequency vary from the usual and customary.

Desk monitoring will consist of tracking telephone and email communication, as well as reviewing all grant documents and correspondence submitted to the Missouri Department of Public Safety-CVSU. The subrecipient may be required to submit monitoring information in writing to the Missouri Department of Public Safety-CVSU, as requested.

Site monitoring will consist of a visit to the subrecipient's office(s) to review policies and other records, as applicable to the subaward. The Missouri Department of Public Safety-CVSU will perform at least one site visit to each subrecipient during the project period (or within the closeout period when extenuating circumstances exist). A Site Visit Monitoring Report will be provided to the subrecipient via WebGrants prior to the visit. This critical document must be completed by the subrecipient and sent back to the Missouri Department of Public Safety-CVSU via WebGrants with all requested documentation attached within the timeframe specified by the program representative.

During the on-site visit, information from the Site Visit Monitoring Report and attached documents will be utilized as tools to determine the progress of the project in achieving its purpose and ensuring the project is adhering to program guidelines. The following information and records may be subject to review, as applicable, at the time of the site visit:

- ☐ Mission Statement
- ☐ By-Laws
- ☐ Articles of Incorporation
- ☐ Board Manual and Minutes from at least last three board meetings
- ☐ Personnel policy manuals, Standard Operating Procedures (SOPs), or similar policies regulating the subrecipient and the approved project
- ☐ Volunteer Policy Manuals
- ☐ Volunteer Training Manuals
- ☐ Volunteer time sheets

- ☐ Training Manuals for employee grant-funded personnel
- ☐ Timesheets and payroll records for grant-funded personnel
- ☐ Invoices/receipts for all grant-funded expenditures
- ☐ Financial Policy Manuals
- ☐ Bank statements/cancelled checks
- ☐ Bid records for grant-funded expenditures
- ☐ Sole source procurement and subsequent approval where applicable
- ☐ Inventory listing and tags for grant-funded equipment
- ☐ Contractual agreements for each grant-funded contractual service
- ☐ Procurement policies
- ☐ Travel policies
- ☐ Internal control policy and procedures
- ☐ Shelter/Program Policy Manuals
- ☐ Safety plans
- ☐ Any forms or documentation (e.g. blank surveys) utilized in providing direct services
- ☐ Where applicable, compliance with law enforcement agency state statutes:
 - Uniform Crime Reports: [Section 43.505 RSMo](#)
 - Racial Profiling Report: [Section 590.650 RSMo](#)
 - Federal Forfeiture Report: [Section 513.653 RSMo](#)
 - Recording of Custodial Interrogations: [Section 590.700 RSMo](#)
 - Forwarding Intoxication-Related Traffic Offenses: [Section 43.544 RSMo](#)
- ☐ Compliance with federal civil rights laws:
 - Equal Employment Opportunity Plan (EEOP Utilization Report and Certification Form)
 - Non Discrimination in Delivery of Services and Hiring Practices
 - Grievance procedures
 - Reporting findings of discrimination
 - Access services to persons with limited English proficiency (LEP)
- ☐ Compliance with state civil rights laws:
 - Unlawful Employment Practices: [Section 213.055 RSMo](#)
 - Discrimination in Public Accommodations: [Section 213.065 RSMo](#)
- ☐ Other information pertinent to the federally-funded project or deemed necessary by the Director of Public Safety or as outlined in [2 CFR 200](#)

VIII. CONFIDENTIALITY and NON-DISCLOSURE:

All applications and subsequent information supplied to the Missouri Department of Public Safety as a result of a subaward are considered public records.

In compliance with 28 C.F.R. 94.115 subrecipients are further held to the following:

(a) **Confidentiality.** Subrecipients of VOCA funds shall, to the extent permitted by law, reasonably protect the confidentiality and privacy of persons receiving services under this program and shall not disclose, reveal, or release, except pursuant to paragraphs (b) and (c) of this section—

(1) Any personally identifying information or individual information collected in connection with VOCA-funded services requested, utilized, or denied, regardless of whether such information has been encoded, encrypted, hashed, or otherwise protected; or

(2) Individual client information, without the informed, written, reasonably time-limited consent of the person about whom information is sought, except that consent for release may not be given by the abuser of a minor,

incapacitated person, or the abuser of the other parent of the minor. If a minor or a person with a legally appointed guardian is permitted by law to receive services without a parent's (or the guardian's) consent, the minor or person with a guardian may consent to release of information without additional consent from the parent or guardian.

(b) **Release.** If release of information described in paragraph (a) (2) of this section is compelled by statutory or court mandate, subrecipients of VOCA funds shall make reasonable attempts to provide notice to victims affected by the disclosure of the information, and take reasonable steps necessary to protect the privacy and safety of the persons affected by the release of the information.

(c) **Information sharing.** Subrecipients may share—

- (1) Non-personally identifying data in the aggregate regarding services to their clients and non-personally identifying demographic information in order to comply with reporting, evaluation, or data collection requirements;
- (2) Court-generated information and law-enforcement-generated information contained in secure governmental registries for protection order enforcement purposes; and
- (3) Law enforcement- and prosecution-generated information necessary for law enforcement and prosecution purposes.

(d) **Personally identifying information.** In no circumstances may—


- (1) A crime victim be required to provide a consent to release personally identifying information as a condition of eligibility for VOCA-funded services;
- (2) Any personally identifying information be shared in order to comply with reporting, evaluation, or data-collection requirements of any program;

(e) **Mandatory reporting.** Nothing in this section prohibits compliance with legally mandated reporting of abuse or neglect.

APPENDIX A

CHANGE OF INFORMATION FORM

The *Change of Information Form* must be used to identify changes in personnel during the project period. The *Change of Information Form* must be sent as an attachment in the Correspondence component of WebGrants. Any other information not collected on this form may be provided in the message of the Correspondence.

		MISSOURI DEPARTMENT OF PUBLIC SAFETY CRIME VICTIM SERVICES UNIT CHANGE OF INFORMATION FORM	
Date: <input type="text"/>			
Subrecipient Name: <input type="text"/>		Subward Number: <input type="text"/>	
Contact Person: <input type="text"/>		Phone Number: <input type="text"/>	
<i>*If the change affects multiple subwards, please complete a form for each subward and submit via the Correspondence component of each subward.*</i>			
Is the following change(s) as a result of criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
MY PROFILE/CONTACT INFORMATION			
<i>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.</i>			
<i>Complete the following 2 fields if an individual needs to be removed. Skip this section if a person is not being removed.</i>			
Name of Individual Being Removed: <input type="text"/>		Last Date of Employment: <input type="text"/>	
<i>Complete the following fields if an individual needs to be added. Skip this section if a person is not being added.</i>			
Name of Individual Being Added: <input type="text"/>		Job Title: <input type="text"/>	
Mailing Address: <input type="text"/>			
Street Address: <input type="text"/>			
(if different than the mailing address)			
City: <input type="text"/>		Zip Code: <input type="text"/>	
Email: <input type="text"/>			
Phone: <input type="text"/>		Ext: <input type="text"/>	
Fax: <input type="text"/>			
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			
<i>If the change affects the Budget form, please complete the following. If the change does not affect the Budget form, skip this section.</i>			
Name of Individual Being Removed: <input type="text"/>	Last Date of Employment: (m/d/yyyy) <input type="text"/>	Individual Being Added: (if unknown, list as TBH) <input type="text"/>	Hire Date: (m/d/yyyy) <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Provide a brief summary of the new individual's experience, certifications, and job responsibilities for the Budget - Personnel Justification section:</i>			
<div style="text-align: right;">DPS-CVSU revised 3-2017</div>			

This form can be accessed on the VOCA page of the CVSU website.

APPENDIX B

TIME LOG SHEET

This document can be utilized to account for paid employees' activities or volunteer time and activity. If this form is not utilized, a different form is allowed, provided all of the pertinent information is included.

[illegible]

APPENDIX C

VOCA Purchased Equipment List


If purchasing equipment, Subrecipients are required to maintain property management records as stated with the “[DPS Financial and Administrative Guide](#)”. The *VOCA Purchased Equipment List* below is an example of such format and is available upon request from the Missouri Department of Public Safety or from the [DPS/CVSU/VOCA](#) web page if the subrecipient does not have an existing inventory list format or property control system.

[illegible]

APPENDIX D

AWARD OF CONTRACT DOCUMENT

The *Subaward document* constitutes an agreement between the Missouri Department of Public Safety and the Subrecipient for use of state/federal funds in the implementation of the awarded project.

 MISSOURI DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE DIRECTOR SUBAWARD		P.O. Box 749 Jefferson City, MO 65102 Phone: (573) 751-4905	
Subrecipient Name:		Subrecipient DUNS Number:	
DPS Funding Opportunity Title:		Project Period Start Date:	Project Period End Date:
Project Title:		Subaward Number:	
Project Description:			
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(-45deg); opacity: 0.3; font-size: 100px; pointer-events: none;"> SAMPLE </div>			
Subaward Total:	CFDA Number and Name:		
\$			
Research and Development Project:	Indirect Cost Rate for Federal Award:		
Name of Federal Awarding Agency:		Federal Award Date:	
Name of State Administering Agency (SAA):		SAA Federal Award Number:	
Missouri Department of Public Safety, Office of the Director P.O. Box 749 Jefferson City, MO 65102			
This Subaward is made in the amount and for the project period referenced above to the Subrecipient identified above. This Subaward is subject to compliance with the general conditions governing grants and subawards and any attached Certified Assurances or Special Conditions. This Subaward is subject to compliance with all federal and state laws and all guidelines identified in the above mentioned DPS Funding Opportunity.			
The undersigned Subrecipient Authorized Official hereby acknowledges he/she is authorized to legally bind the Subrecipient and certifies acceptance of the above-described Subaward on the terms and conditions specified or incorporated by reference above and those stated in the approved application.			
Subrecipient Authorized Official (AO) Name:		Subrecipient Project Director (PD) Name:	
Subrecipient AO Signature:	Date:	Subrecipient PD Signature:	Date:
This Subaward shall be in effect for the duration of the project period stated above and funds shall be made available on the Subaward Date with return of this signed document to the Missouri Department of Public Safety and upon full execution by signature of the Authorized Official of the Missouri Department of Public Safety, Office of the Director.			
Authorized Official, Missouri Department of Public Safety		Subaward Date	

APPENDIX E

MATCH WAIVER LETTER- SAMPLE

Sample Match Waiver Letter

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

APPENDIX F

SUBGRANT AWARD REPORT (SAR) FREQUENTLY ASKED QUESTIONS FOR FORM #23

#	Question	Answer
1	Information “for the current fiscal year” may not be for the subaward project period, regardless of whether or not that is the same as the current fiscal year or changes throughout the subaward project period, correct?	Budget information represents the subgrantee organization's fiscal year period. Data collected during the subaward project start and end dates should match the quarterly reporting period for which it is submitted.
2	Should agencies only count volunteer hours used as match for the VOCA subaward or for all of the agency's victimization programs and/or services, even if not used as match for this VOCA award?	The subgrantee organization should include volunteer hours used as match for this VOCA subaward.
3	The SAR asks about which counties cover the “service area for your organization.” Is the question also intended to identify all counties served by the subgrantee or just those funded with this particular subgrant award? For example, a subgrantee may provide services in seven counties, but the VOCA subgrant is used for services in just two of those counties.	The intent is to capture the service area of the subgrantee organization. Funds used in targeted areas could possibly change over time. In this example, you would answer seven counties. There is also a secondary data field to enter counties that may be outside the organization's designated state.
4	In the budgeting section, does “Local” mean only public funds (county, municipal, etc.), or does this include private foundations, donations, bake sales, and so on? Does “Other Federal” just mean non-VOCA assistance grant funds? Does “Other NonFederal” also include other nonstate and other non-local?	“Local funds” refers to funds obtained from sources that are described as county, municipal, local nonprofit, local group that raises money on behalf of your organization, and so on. “Other Federal” includes all Federal funding except the VOCA subaward amount reported in question 4 on the SAR. “Other Non-Federal” refers to nonlocal agencies that are not Federal agencies, such as the National Center for Victims of Crime or a national foundation.
5	How do I answer SAR questions 8 and 9?	For 8, include the agency's total budget for all victimization programs/services for the current fiscal year, including the VOCA subaward amount reported in question 4 on the SAR. For 9, identify by source the amount of funds allocated to the agency's victimization programs/services budget, excluding the VOCA subaward amount reported in question 4.
6	Should we include on the SAR all of the volunteer hours that support the project or just the hours used as match?	Count all volunteer hours for your project, even if they are not used as match. OVC wants to know the total count of hours worked by ALL volunteers for the activities funded by each subaward, plus match. As long as those volunteer hours supported activities funded by a particular subaward, they should be counted.

APPENDIX G

QUARTERLY AND ANNUAL REPORT FORM

Quarterly and Annual Report- only first section shown. Current and updated report form is available at the [CVSU VOCA](#) page on the website "VOCA Quarterly Report Form."

Subgrant Organization Name:	0		
Grant #:		Dates Reported:	10/01/2016 - 12/31/2016

POPULATION DEMOGRAPHICS

1) **TOTAL** number of individuals who received services *during the reporting period*

2) Is your agency able to track individuals on an annual basis by federal fiscal year?

YES (go to question #4) NO

3) Is your agency able to identify "new" individuals who did not receive services from your

YES NO, Not Tracked (go to question #6)

Not Tracked means the agency is unable to submit this data as requested. Efforts are underway to change the data collection method.

NO, Other Reason (explain and go to question 6)

4) Number of **NEW** individuals who received services from your agency for the first time during

5) **Demographics**

Category	Population	Number of NEW
RACE/ETHNICITY (self-reported)	American Indian/Alaskan Native	
	Asian	
	Black/African American	

1st Quarter 2nd Quarter 3rd Quarter 4th Quarter Annual Annual Narrative Questions Appendix

APPENDIX H

VEHICLE PURCHASE REQUEST FORM

VOCA Vehicle
Purchase Request

Missouri Department of Public Safety
Crime Victim Services Unit DATE: [\[CLICK TO SELECT DATE\]](#)

In columns below please provide the following information. In column one, please provide your agency contact information. This should be the same contact information that is provided in the ~~Webgrace~~ system. In the second column, please provide the dealership information from where the car is being purchased.

AGENCY [Contact Name] [Company Name] [Street Address] [City, ST, ZIP Code] [Phone]	VEHICLE PURCHASED FROM: [Company Name] [Street Address] [City, ST, ZIP Code]
---	---

□

In the table below, please provide the following information on the vehicle being requested for purchase.

YEAR	MAKE	MODEL	MILEAGE	VIN	PURCHASE PRICE

In the space below, please have the Authorized Official or Project Director ~~sign~~ and date.

Requested by
Date

A vehicle should not be purchased until this form is signed by DPS-CVSU and uploaded to the ~~Webgrace~~ System. The bill of sale or vehicle purchase invoice will be required documentation when claiming the vehicle purchase for reimbursement.

UPS-CVSU use only

Approved by
Date

Points of Contact:

For assistance with the requirements of this solicitation or for technical assistance with submitting an application, contact one of the following staff members:

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		CVSU@dps.mo.gov	573-526-1464