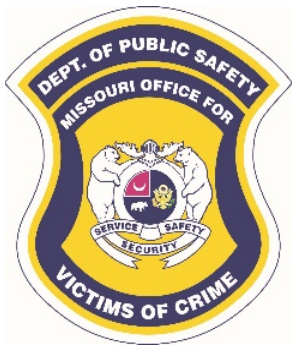


Protection Program for Victims/Witnesses of Violent Crime (PPVVC)



Presented by the Missouri Department of Public Safety
OFFICE FOR VICTIMS OF CRIME

Office for Victims of Crime

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573-526-1464

<https://dps.mo.gov/dir/programs/cvsu/>



Program Description

The Protection Program for Victims/Witnesses of Violence Crime is for Missouri law enforcement agencies who may seek reimbursement for the health, safety and welfare of victims/witnesses of a violent crime and their family members, if their testimony might subject them to danger or bodily injury.

Who Should Apply?

- ▶ Any Law Enforcement agency within the State of Missouri
 - ▶ Complete an application through the MO DPS Webgrants
 - ▶ The agency does not need to have expenses when completing an application
 - ▶ A budget is not entered when completing the application

Source of Funds

The Missouri Pre-Trial Witness Protection Fund was created as a result of Missouri House Bill 66; funds were subsequently appropriated by House Bill 14 of second extraordinary session in 2021

Amount of Available Funds

State Fiscal Year 2021

\$1,000,000

**Note: Funds have been rolled to FY22*

State Fiscal Year 2022

\$1,000,000

**Note: Funds have been rolled to FY23*

Funding Period

October 1, 2020 to June 30, 2023

Funding must be expended no later than June 30, 2023

Final request for Pre-Approvals must be submitted no later than June 5, 2023.

General Program Requirements

- ▶ The crime must have been committed in *Missouri* *or* the crime victim must be a resident of *Missouri*
- ▶ The crime must have involved the threat, or the use of force or violence
- ▶ The victim/witness of crime cannot be the perpetrator or principal/accessory involved in the commission of the crime
- ▶ Injuries sustained by the victim/witness cannot be a result of the operation of a motor vehicle, boat, or airplane unless the same was used as a weapon, or a result of the crime of driving while intoxicated or vehicular manslaughter

Additional Requirements

- ▶ Services must be provided FREE OF CHARGE to the victim/witness
- ▶ Provision of services SHALL NOT be contingent upon the victim offering testimony in a judicial or law enforcement matter
- ▶ Victim/Witness Rights information (RSMo 595.209) provided to the Victim/Witness
- ▶ Missouri Sexual Assault Survivors' Bill of Rights provided, if applicable
- ▶ Provide and connect the Victim/Witness to resources

Program Service Areas

- ▶ **Security/Protection**
 - ▶ Armed protection, escort, marked and unmarked surveillance, periodic visits or contact by LE officials prior, during or subsequent to the official criminal justice proceedings
- ▶ **Emergency Expenses**
 - ▶ Food, hygiene, other necessary items
 - ▶ Services provided to alleviate immediate effects
- ▶ **Relocation**
 - ▶ Rental assistance, utilities, and other costs incidental to the relocation to such housing for safety concerns

Program Service Areas

▶ Transportation

- ▶ Transportation of victim/witnesses to receive services and to participate in criminal justice or related proceedings
- ▶ Assist victim/witness, if relocated, in travel expenses to return for the court process
- ▶ Victim/Witness transportation (not to exceed state rate \$0.49/mile)

▶ Storage

- ▶ Rental and expenses of vehicles to transport personal possessions
- ▶ Temporary rental of storage

Examples of Allowable Services:

- ▶ Window and/or lock replacement or repair; other repairs necessary to ensure victim safety
- ▶ Interpreting services for LEP and/or Deaf/Hard of Hearing victims/witnesses
- ▶ Emergency clothing or necessary items
- ▶ Victim Transportation
 - ▶ In-state, local bus/mass transit fare
 - ▶ Relocation to another city/state
- ▶ Temporary storage rental for personal possessions
- ▶ Child care and respite care to enable a victim/witness to attend activities related to criminal justice proceedings
- ▶ Shelter and/or rental expenses or temporary relocation expenses

Unallowable Costs

- ▶ Crime Prevention Programs
- ▶ Indirect Costs
- ▶ Vehicles purchased or leased
- ▶ Professional dues, subscriptions, and memberships
- ▶ Lobbying or advocacy activities
- ▶ Fundraising
- ▶ Capital expenses/improvements; property losses and expenses; real estate purchases; mortgage payments; and construction
- ▶ DNA testing of evidentiary materials, uploading DNA profiles to a database, and entry of records in state repositories
- ▶ Medical care, except as otherwise allowed by other provisions of this funding opportunity

Steps for Law Enforcement

- ▶ Register as a User in WebGrants
 - ▶ New applicants must first register as a user
 - ▶ Registration approved
 - ▶ Your UserID and Password will be emailed to you (follow instructions to login)
- ▶ Already a registered user, then login to WebGrants
- ▶ Click on “Funding Opportunities”
- ▶ Click on “2021 Protection Program for Victims/Witnesses of Violent Crime”

Steps for Law Enforcement

- ▶ Once the application is submitted, it will be reviewed
 - ▶ Approved - receive a notice of “underway”
 - ▶ Correcting - receive information on what may need to be redone.
- ▶ Underway
 - ▶ The agency will receive a correspondence with the Pre-Approval Request Form
 - ▶ When there is an incident or situation, complete the Pre-Approval Request Form
 - ▶ This is what sets the budget within WebGrants
 - ▶ Approved by DPS
- ▶ Approved Request form
 - ▶ Expenses are incurred
 - ▶ Claim Requested
 - ▶ Agency Reimbursed

Pre-Approval Request Form

Missouri Department of Public Safety
PROTECTION PROGRAM FOR VICTIMS/WITNESSES OF VIOLENT CRIME
1101 North Riverside Drive, Jefferson City, MO 65102 • 573/751-4905



For Assistance with this form, please contact 573/751-5954 or cvsu@dps.mo.gov

PRE-APPROVAL REQUEST FORM

Instructions: All requests for reimbursement must be submitted for pre-approval. All fields in this form are required. This form must be signed by the agency's Authorized Official as identified in the approved application. Pre-approval of requests are valid for 45 days upon approval from DPS, unless otherwise noted. Funds are disbursed on a first-come, first-served basis, all participants are encouraged to submit claims for reimbursement in a timely manner.

Applicant Agency:
Project Title:
Request Date:
Purpose Area:

Emergency Expenses	Type of Crime: <input type="text" value="Aggravated Assault"/>	Total # of People Served: <input type="text" value="0"/>
Protected Housing/Shelter		
Relocation		
Security/Protection		

Transportation/Storage	17 years old or under: <input type="text" value="0"/>
	over 17 years old: <input type="text"/>

JUSTIFICATION: The PPVVC program exists to protect victims/witnesses of violent crime and to encourage participation in the criminal justice and/or other public proceedings arising from violent crimes. See the application for a description of allowable costs. At a minimum, describe the following:

- the circumstances that prompted the request and why PPVVC funds are needed, and
- the methods the agency will use to provide victim/witness protection; and
- identify and describe any other agreement(s) with other local or state agencies to provide victim/witness protections; and
- the anticipated time frame the requested funds will be spent.

DO NOT INCLUDE names of victims/witnesses! It is acceptable to identify using gender/age, i.e., *Vic/Wit 1, M-Child Vic/Wit1, F-Child Vic/Wit 2*, etc. **INCLUDE** the precise methods the agency will use to provide victim/witness protection. Attach another page if needed.

PPVVC FUNDS REQUESTED:

Please include the cost basis for your request. Explain how you came up with the total amount of funds being requested. For example, Housing/Rent-\$200/month x 2 months for a family of 3=\$400; Hotel/Shelter-\$89/night x 6 nights=\$534; Emergency Food-\$28/day x 6 days x 3 vic/wit=\$504; Lock Replacement-\$125 deadbolt/cross bar combo x 2 doors \$150

Funding Category: **Amount:** **Cost Basis Estimation:**

Travel	<input type="text" value="\$ 0.00"/>	
Equipment	<input type="text" value="\$ 0.00"/>	
Supplies/Operations	<input type="text" value="\$ 0.00"/>	
Contractual	<input type="text" value="\$ 0.00"/>	
	<input type="text" value="\$ 0.00"/>	
Total Request:	<input type="text" value="\$ 0.00"/>	

TERMS: The approval of funds is valid for 45 days from the date this form is approved by the Missouri Department of Public Safety. To request an extension, contact 573/751-5954 or cvsu@dps.mo.gov. This form is for pre-approval only and does not guarantee payment; all related claims are subject to review and must include adequate supporting documentation prior to reimbursement.

Agency Authorized Official Signature: **Date:**
MO Dept. of Public Safety Approval: **Date:**

Application Instructions

Missouri Department of Public Safety WebGrants System

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

WebGrants Registration

- ▶ Acquire a DUNS (Data Universal Numbering System) number if your agency does not already have one, or ensure the information associated with your DUNS number is up-to-date
 - ▶ <https://fedgov.dnb.com>
 - ▶ 866-705-5711
- ▶ You must contact Dun & Bradstreet directly for assistance with your DUNS number
- ▶ NEW WebGrants users must register for a WebGrants profile
 - ▶ <https://dpsgrants.dps.mo.gov>
- ▶ Each applicant agency should designate ONE individual for the purposes of registering and assigning new registrants

The Application

Instructions are provided for each form. Please follow the on-screen instructions as well as the Notice of Funding Opportunity

General Information Form:

- ▶ Provides General Information about the agency/project:
 - ▶ System ID (this field will auto-populate)
 - ▶ Project Title
 - ▶ Must be unique to the agency/project, yet BRIEF
 - ▶ Example “2022 PPVVC Project - St. Louis County”
 - ▶ Primary Contact
 - ▶ Organization

The Application

Instructions are provided for each form. Please follow the on-screen instructions as well as the Notice of Funding Opportunity

Contact Information Form:

- ▶ List the individuals who are responsible for the agency/project:
 - ▶ Authorized Official
 - ▶ Project Director
 - ▶ Fiscal Officer
 - ▶ Project Contact Person
- ▶ Please NOTE: the Authorized Official and Project Director CANNOT be the same person

The Application

	City Government	County Government	Nonprofit Agency	Law Enforcement Agency
Authorized Official	Mayor or City Administrator	County Commissioner/ Administrator	Board President/Chair or person able to enter agency into a contract	City Mayor or Administrator/ County Commissioner
Project Director	Person overseeing project	Person overseeing project	Person overseeing project	Police Chief/Sheriff
Fiscal Officer	City Treasurer or Comptroller	County Treasurer or Comptroller	Board Treasurer / CFO	City/County Treasurer or Comptroller

The Application

Project Summary Form

- ▶ Provides further general information about the agency and project:
 - ▶ Application Type
 - ▶ Current Contract Number(s) (if applicable)
 - ▶ Program Category
 - ▶ Project Type
 - ▶ Geographic area(s) to be served
 - ▶ Brief Summary
 - ▶ This should briefly explain your project and what you are anticipating expending in funds
 - ▶ Program Income

The Application

Certified Assurances/Articles of Agreement

- ▶ Review each statement carefully
- ▶ Certifies the LE agency will comply:
 - ▶ All Federal and state laws, circulars, statutes, and guidelines applicable to PPVVC
- ▶ Agreement with:
 - ▶ Crime Victims' Compensation Assistance
 - ▶ Safe at Home Program
 - ▶ Victim Notification - MOVANS
 - ▶ MOCADSV/MOCVSU Service Standards
 - ▶ Services offered is not contingent upon them offering testimony judicial or law enforcement matter
 - ▶ Provide services FREE of charge
 - ▶ To develop and implement a record-keeping system to verify the eligibility of victim/witnesses of crime to receive services

The Application

Audit Requirement Form:

- ▶ Addresses federal and state funding received by the agency
- ▶ Audit is required to be submitted when \$375,000 or more in State funds are expended during the agency fiscal year (from any State source)
- ▶ Audit is required to be submitted when \$750,000 or more in Federal funds are expended during the agency fiscal year (from any Federal source)



FOR MORE INFORMATION PLEASE CONTACT THE MISSOURI
DEPARTMENT OF PUBLIC SAFETY, OFFICE FOR VICTIMS OF CRIME

Connie Berhorst, Program Manager

Connie.Berhorst@dps.mo.gov

Michelle Parks

Michelle.parks@dps.mo.gov

Main line: 573-526-1464 or visit

<https://dps.mo.gov/dir/programs/cvsu>

To apply

www.dps.mo.gov

Complete the application via DPS WebGrants system