

**VICTIMS OF CRIME ACT (VOCA) GRANT APPLICATION**  
 NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
 SFN 60776 (02-2015)

|  |          |           |  |  |
|--|----------|-----------|--|--|
| (1) Subgrantee Agency Name   |          |           | (2) Contact Person   |  |
| (3) Grant Period<br>from _____ to _____  |          |           | (4) Email Address  |  |
| (5) DUNS Number  |          |           | (6) Telephone Number   |  |
| (7) Address  | (8) City | (9) State | (10) ZIP Code  |  |
| (11) List the Counties Served by Your Agency   |          |           |  |  |
| (12) VOCA Request Amount (excluding match)<br>\$ _____   |          |           |  |  |
| (13) Purpose of VOCA Subgrant Award (check one)<br><br><input type="checkbox"/> Establish a new victim services program<br><input type="checkbox"/> Continue a VOCA victim program funded previously<br><input type="checkbox"/> Expand or enhance an existing program not funded by VOCA previously<br><input type="checkbox"/> Establish a new Native American victim services program<br><input type="checkbox"/> Expand or enhance an existing Native American program |          |           | (14) Primary Use of VOCA Funds (check one).<br><i>(If used equally for two or more items, check Other).</i><br><br><input type="checkbox"/> Expand services into a new geographic area<br><input type="checkbox"/> Offer new types of services<br><input type="checkbox"/> Serve additional victim populations<br><input type="checkbox"/> Continue existing services to crime victims<br><input type="checkbox"/> Other |  |

**Type of Implementing Agency**

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Criminal Justice – Government<br><input type="checkbox"/> Law Enforcement<br><input type="checkbox"/> Probation<br><input type="checkbox"/> Prosecution<br><input type="checkbox"/> Corrections<br><input type="checkbox"/> Court<br><input type="checkbox"/> Other (Identify) | <input type="checkbox"/> Non-Criminal Justice – Government<br><input type="checkbox"/> Social Services<br><input type="checkbox"/> Public Housing<br><input type="checkbox"/> Mental Health<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Other (Identify) | <input type="checkbox"/> Private Non-Profit<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Rape Crisis<br><input type="checkbox"/> Religious Organization<br><input type="checkbox"/> Mental Health Agency<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Other (Identify) | <input type="checkbox"/> Native American Tribe or Organization<br><input type="checkbox"/> On Reservation<br><input type="checkbox"/> Off Reservation |
| If agency not identified above, please specify:   |   |   |   |

**(15) Subgrant Match (other financial sources)**

|                         |           |           |
|-------------------------|-----------|-----------|
| Amount of In-kind Match | \$        | Source(s) |
| Amount of Cash Match    | \$        | Source(s) |
| <b>TOTAL</b>            | <b>\$</b> |           |

**(16) Total funding amount allocated to your agency for the new grant period.**

| Specify Source of Funds  | Amount    |
|--------------------------|-----------|
| VOCA (Excluding Match)   | \$        |
| Federal (Excluding VOCA) | \$        |
| State                    | \$        |
| Local                    | \$        |
| Other                    | \$        |
| <b>Total</b>             | <b>\$</b> |

**(17) Number of staff and volunteers (Please see definitions)**

|   |  |
|---|--|
| Number of full-time equivalent (FTE) paid staff (whole program) |  |
| Number of FTE direct service volunteers                         |  |

(18) Check which service best describes your program: (Check only one)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Sexual Assault - Medical              | <input type="checkbox"/> Child Abuse - Intrafamilial   | <input type="checkbox"/> Adult Victimization - General       |
| <input type="checkbox"/> Sexual Assault – Non-Medical          | <input type="checkbox"/> Child Sexual Abuse            | <input type="checkbox"/> Comprehensive – Crisis Intervention |
| <input type="checkbox"/> Spouse Abuse – Shelter/Safe House     | <input type="checkbox"/> Child Victimization - General | <input type="checkbox"/> Comprehensive – General             |
| <input type="checkbox"/> Spouse Abuse – Non-Shelter            | <input type="checkbox"/> Crimes of Violence            | <input type="checkbox"/> Other (Identify)                    |
| <input type="checkbox"/> Victim Witness – Prosecution Services |  |  |

(19) Identify the victims to be served through this VOCA funded grant, including match, by checking the type of crime(s):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Child Physical Abuse | <input type="checkbox"/> Elder Abuse                   | <input type="checkbox"/> Adult Sexual Assault |
| <input type="checkbox"/> Child Sexual Abuse   | <input type="checkbox"/> Adults Molested as Children   | <input type="checkbox"/> Assault              |
| <input type="checkbox"/> DUI/DWI Crashes      | <input type="checkbox"/> Survivors of Homicide Victims | <input type="checkbox"/> Other (Identify)     |
| <input type="checkbox"/> Domestic Violence    | <input type="checkbox"/> Robbery                       |   |

(20) Check the services to be provided by this VOCA funded grant, including match:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Crisis Counseling         | <input type="checkbox"/> Shelter/Safe House                       | <input type="checkbox"/> Emergency Legal Advocacy                |
| <input type="checkbox"/> Follow-up Contact         | <input type="checkbox"/> Information & Referral (in person)       | <input type="checkbox"/> Personal Advocacy                       |
| <input type="checkbox"/> Therapy                   | <input type="checkbox"/> Criminal Justice Support/Advocacy        | <input type="checkbox"/> Assistance in Filing Compensation Claim |
| <input type="checkbox"/> Group Treatment           | <input type="checkbox"/> Emergency Financial Assistance           | <input type="checkbox"/> Other (Identify)                        |
| <input type="checkbox"/> Crisis Hotline Counseling | <input type="checkbox"/> Telephone Contact (Information/Referral) |  |

**Narrative Budget (answer in space provided)**

Provide a narrative budget for the VOCA request amount only (Page 1). (2000 characters max)

**Narrative Summary (answer only in space provided)**

Give a brief description of your program's goals, objectives, and supporting activities. (500 characters max)

How does your agency or organization use volunteers? Please include the number of volunteers used and the average total number of hours worked each month. (500 characters max) If volunteers are not used please skip this question and answer the next question.

#### Request for Volunteer Waiver

I am requesting a waiver for the use of volunteers for my VOCA program.

No  Yes (If yes, please see below)

Any applicant who is requesting a volunteer waiver must provide a detailed explanation for such request. Waivers may only be requested in the following situations:

1. In the case of statutory or contractual provisions that prohibits the use of volunteers. Please attach a copy of the applicable statute or contract.
2. In the case of a lack of volunteers. If you list this as a reason for the waiver request, you must document the efforts made to recruit volunteers.

The Grant Review Committee will evaluate what efforts were made to recruit volunteers. The VOCA regulations provide that only compelling reasons are sufficient for volunteer waivers.

Please list the reasons for requesting a waiver (500 characters max)

Describe your coordination of services with other social agencies, the federal victim witness coordinator, law enforcement, other victim organizations, etc. in the community. (500 characters max)

Does your agency or organization utilize the State Automated Victim Information Notification (SAVIN) System? If yes, describe your agency's referral process to SAVIN and the frequency it is utilized within your agency. (500 characters max)

Does anyone else in the community provide the same services for victims? Who and what services? (500 characters max)

Would your agency or organization lose funding from other sources if VOCA monies were applied? If so, why? (500 characters max)

How will you measure the success, impact, or effectiveness of the program? (500 characters max)

**Division of VOCA Funds**

VOCA funds must be spent for direct services for victims of violent crime in the following areas. NOTE: This section must be completed in full. Please insert zeros in areas that you will not be obligating VOCA funds. Total dollars spent must equal total amount of VOCA requested on Page 1. Total percentage must equal 100%.

|                                |    |   |                               |           |          |                |    |   |
|--------------------------------|----|---|-------------------------------|-----------|----------|----------------|----|---|
| Child Abuse                    | \$ | % | Domestic Violence             | \$        | %        | Sexual Assault | \$ | % |
| Previously Underserved Victims |    |   |                               |           |          |                |    |   |
| DUI/DWI Crashes                | \$ | % | Survivors of Homicide Victims | \$        | %        |                |    |   |
| Assault                        | \$ | % | Adults Molested as Children   | \$        | %        |                |    |   |
| Elder Abuse                    | \$ | % | Robbery                       | \$        | %        |                |    |   |
| Other Violent Crimes           | \$ | % | <b>Total</b>                  | <b>\$</b> | <b>%</b> |                |    |   |

I certify that the information in this application is correct.

|  |      |
|--|------|
| Signature of Program / Project Director                                      | Date |
| Signature of Board of Directors' President or States Attorney if appropriate | Date |

## GRANT APPLICATION BUDGET DATE

**Program Name:**

**Grant Number:**

|                                 | A                         | B                         | C                    | D                                |
|---------------------------------|---------------------------|---------------------------|----------------------|----------------------------------|
| FULL TIME EQUIVALENT EMPLOYEES  | Continue Existing Program | Enhance or Expand Program | Initiate New Program | Grant Request<br>(Total A+B+C=D) |
| <b>FTE Employees (Number)</b>   |                           |                           |                      |                                  |
| <b>SALARIES AND WAGES</b>       |                           |                           |                      |                                  |
| Permanent                       |                           |                           |                      |                                  |
| Temporary                       |                           |                           |                      |                                  |
| Overtime and Shift Differential |                           |                           |                      |                                  |
| Fringe Benefits                 |                           |                           |                      |                                  |
| <b>Salary/Wage Total</b>        |                           |                           |                      |                                  |
| <b>OPERATING EXPENSES</b>       |                           |                           |                      |                                  |
| Telecommunications              |                           |                           |                      |                                  |
| Travel                          |                           |                           |                      |                                  |
| Utilities                       |                           |                           |                      |                                  |
| Postage                         |                           |                           |                      |                                  |
| Lease/Rentals - Buildings/Land  |                           |                           |                      |                                  |
| Lease/Rentals - Equipment       |                           |                           |                      |                                  |
| Professional Development        |                           |                           |                      |                                  |
| Operating Fees & Services       |                           |                           |                      |                                  |
| Professional Services           |                           |                           |                      |                                  |
| Office Supplies                 |                           |                           |                      |                                  |
| Printing                        |                           |                           |                      |                                  |
| Medical for Victims             |                           |                           |                      |                                  |
| Miscellaneous Operating         |                           |                           |                      |                                  |
| <b>Operating Total</b>          |                           |                           |                      |                                  |
| <b>EQUIPMENT</b>                |                           |                           |                      |                                  |
| Office Equipment                |                           |                           |                      |                                  |
| Motor Vehicles                  |                           |                           |                      |                                  |
| <b>Equipment Total</b>          |                           |                           |                      |                                  |
| <b>PROGRAM TOTAL</b>            |                           |                           |                      |                                  |