

FOR OFFICIAL USE ONLY		
Date Received:		Date of Board Review:
Application #		Approved _____ Denied _____
VS or LE (circle one)		Amount Awarded: \$
Previously funded? _____	If yes, year? _____	Project Dates:
Amount Previously Funded: \$		

5th JUDICIAL DISTRICT VICTIM ASSISTANCE AND LAW ENFORCEMENT ANNUAL FUNDING APPLICATION		
1. APPLICANT AGENCY:		
2. PROJECT DIRECTOR/TITLE:		
MAILING ADDRESS:		
CITY/STATE/ZIP:		
EMAIL ADDRESS:		
PHONE:		FAX:
IS YOUR AGENCY A CURRENT YEAR GRANTEE?		IF SO, GIVE GRANT NUMBER:
3. PROJECT TITLE:		
4. BRIEF PROJECT DESCRIPTION:		

TOTAL DOLLAR AMOUNT REQUESTED: _____

DATE OF APPLICATION: _____

Return To:
5th Judicial District V.A.L.E. Board
c/o Wendi Rowles, V.A.L.E. Board Administrator
Wrowles@da5.us

SECTION A: PROJECT CONCEPT/SEQUENCE

1. Identify and describe the project's goals and objectives. They must be SMART goals (specific, measurable, attainable, relevant, time-bound).

(Project Goals and Objectives: GOALS: Clear concise statements which define what the project is intended to achieve. They should relate to the problem statement and the project description. OBJECTIVES: Measurable statements which indicate how each goal will be met. Intended Outcome/Impact.

Goal 1:

	Objective	Intended Outcome/Impact
1.1		
1.2		
1.3		

Goal 2 (If needed):

	Objective	Intended Outcome/Impact
2.1		
2.2		
2.3		

Goal 3 (If needed):

	Objective	Intended Outcome/Impact
3.1		
3.2		
3.3		

2. Describe the applicant agency.

(Provide a brief description of the applicant agency, including a brief history of how and when the project began and what types of services are provided.)

3. Describe the project that would be VALE funded.

(Provide an overall description of the program with an explanation of the specific project for which V.A.L.E. funds are being requested.)

4. What problems do you anticipate in implementing your program's goals and objectives?

(Identify any problems you predict may occur while implementing your project. This may include community resistance, financial problems, etc.)

5. How do your program's goals address the funding priorities outlined in Colorado Revised Statute Section 24-4.2-103? (Links to State Statutes can be found at <http://www.lexisnexis.com/hottopics/michie/>)

(Grant Purpose: CRS 24-4.2-103(5) states that the priority use for moneys in the VALE fund shall be for the implementation of the rights afforded to crime victims pursuant to section 24-24.1-302.5 and the provision of the services and programs delineated in sections 24-4.1-303, 24-4.1-304, and 24-4.2-105 (4) related to all crimes defined in section 24-4.1-302 (1). Which of the services delineated does your agency provide? Please provide a few examples. Does your agency have a statutory mandate to notify victims under the Victims' Rights Act?)

6. Describe the problem you will be addressing with VALE funds.

(Define specifically the needs which will be addressed by the project. Be sure to use specific statements as to how the need manifests itself in your community.)

SECTION B: SERVICE INFORMATION

1. Describe your target population, including any demographic and geographic information pertinent to the project.

2. How many people will be served by the project during the grant period?

SECTION C: EFFICIENCY

- 1. Set out the management plan for the project. Identify one person who will be responsible/accountable for the administration of the project.**

(Management Plan: Describe how the project will be managed and who is responsible for the project's administration. Be specific.)

- 2. Describe your plan for evaluating the success of your project.**

(Evaluation: Describe how you will evaluate the effectiveness of your program. What kinds of tools (if applicable) will you utilize to measure program performance?)

SECTION D: CULTURAL AWARENESS

(1&2 Cultural Awareness/Inclusiveness: Describe what kinds of services your program is offering to address the cultural needs of your community as well as the underserved populations. Provide specific examples of the services your organization provides and the specific measures of these services. If you are not currently providing any services to address cultural needs or the needs of the underserved, describe what plan of action you will take to ensure these needs will be met.)

- 1. How does your project or organization provide culturally appropriate services specific to your target population, as well as, the underserved population?**

- 2. What specific measure does your organization take to make clients from various cultures and underserved populations feel welcome and well served by your organization?**

3. SECTION E: BUDGET SUMMARY

(Please read each question carefully)

1. What is the total amount requested?

2. What percentage of your total VICTIM SERVICES budget is this request for VALE Funds?

3. Identify other funding sources, if applicable. Please list (up to) the 5 largest funding sources for your organization.

(If funding has been applied for but not decided put "Pending" under Date of Award. Grant Period may overlap from one fiscal year to another – be specific i.e. July 2018 – June 2019)

Funding Source	Grant Period	Amount

4. Detailed Project Budget: This budget is for the VALE funded portion of the project ONLY. PLEASE COMPLETE THE PROJECT BUDGET INFORMATION FORM INCLUDED WITH THE APPLICATION. For the Salary portion, please include the salary only, NO tax or benefits (fringe).

Applicants submitting equipment requests: You must submit three bids of equipment prices and/or submit your organizations procedures for submitting bids. For training/travel requests the maximum per diem rate is \$60 per day and the maximum mileage rate is .52 per mile.)

5. Budget Narrative: Explain and justify the project outlined in question 4. Follow instructions and address each item in the budget. (Budget Narrative: Explain and justify the budget as presented on the BUDGET FORM. Be sure to explain each item for which funds are being requested, including how the dollar amount was determined. Round each item to the nearest dollar. The budget categories from the form are included for your convenience.)
Personnel, Supplies & Operating Expenses, In-State Travel, Equipment, Professional Services

Budget Narrative Continued....

- 6. Provide your Projected VICTIM ASSISTANCE specific budget, for the grant year you are applying for, which includes all expenses for this department/project.**

(Victim Assistance Budget) This budget is to include *all* expenses of the project. i.e. budget categories from question 5, this budget may be narrated below or attached if it is ONLY THE VICTIM ASSISTANCE BUDGET).

☐

Please check box if you provided as an attachment.

7. **Provide a verified financial statement from the previous year showing the continued viability of the organization as an attachment.** (audit or financial review conducted by an independent auditor to determine whether financial statements in the fiscal year evaluated are consistent with generally accepted accounting principles. ☐
(See RFP for specific instructions regarding audit requirements)

SECTION F: COORDINATION, SUPPORT & NETWORKING (Coordination of Victim Services: Describe the efforts and activities your agency takes to coordinate with other victim service providers in your community and explain how your project will ensure non-duplication of services of programs in the community.

1. **If applicable, how will you coordinate your services with similar programs to demonstrate cooperation, referrals and non-duplication of services with other victim service agencies in the community?**

- a. **As a new applicant (only)** please identify how your services are different than other programs in the community and how your organization will coordinate with other agencies in the community.

SECTION G: CERTIFICATIONS

By signing the grant application the applicant assures that the application signatories, staff, and all volunteers assigned to this project have read and understand the rights afforded to crime victims pursuant to section 24-4.1-302.5 CRS and the services delineated pursuant to sections 24-4.1-303 and 24-4.1-304 CRS, commonly known as the Victim Rights Act and enabling legislation.

Authorized Official: Enter the name, address and phone number of the individual authorized to enter into binding commitments on behalf of the requesting agency. In local units of government, this individual will normally be a city manager, district attorney, a mayor or commissioner. For non-profit agencies, this individual will be the authorized official, as designated in your organizations by-laws. This must be an individual other than the Project Director. Obtain the signature of the authorized official.

Project Director: See instruction #2 on page 1 and obtain the signature of the Project Director.

Financial Officer: Enter the name, address and telephone number of the individual who is responsible for the fiscal management of the project. In local government, this individual may be the bookkeeper or accountant. For non-profit agencies, this individual will be the Treasurer of the Board of Directors, or other designee per your organizations by-laws. This must be an individual other than the Authorized Official and Project Director. Obtain the signature of the Financial Officer.

SECTION G: CERTIFICATION (Electronic Certified Signatures only)

Authorized Official

I certify that I have read and reviewed the above assurances and the applicant will comply with all provision of the Victim Assistance and Law Enforcement Act, and I have read and understand the rights afforded to crime victim pursuant to §24-4.1-302, et seq. and the services delineated pursuant to §24-4.2-105(4) and all other applicable state and federal laws.

Signature of Authorized Official

Typed Name

Title

Address: _____

Phone: _____

Fax: _____

Project Director

I certify that I have read and reviewed the above assurances and the applicant will comply with all provision of the Victim Assistance and Law Enforcement Act, and I have read and understand the rights afforded to crime victim pursuant to §24-4.1-302 et seq and the services delineated pursuant to §24-4.2-105(4) and all other applicable state and federal laws.

Signature of Project Director

Typed Name

Title

Address: _____

Phone: _____

Fax: _____

Financial Officer

I certify that I have read and reviewed the above assurances and the applicant will comply with all provision of the Victim Assistance and Law Enforcement Act, and I have read and understand the rights afforded to crime victim pursuant to §24-4.1-302 et seq. and the services delineated pursuant to §24-4.2-105(4) and all other applicable state and federal laws.

Signature of Financial Officer

Typed Name

Title

Address: _____

Phone: _____

Fax: _____