



**ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY**

120 South Riverside Plaza • Suite 1016 • Chicago, Illinois 60606 • (312) 793-8550

TO: Illinois Criminal Justice Information Authority

FROM: _____
(Requesting Agency)

SUBJECT: Intent to Submit a Request for Proposal for the Law
Enforcement and Prosecution Based Victims Services
Programs Grant

DATE: _____
(Month Date Year)

**This agency intends to submit a request for proposal for this Victims of
Crime Act (VOCA) Law Enforcement and Prosecution Based Victims
Services Program grant.**

(Signature)

(Title)

**Please fax (312/793-8422) or mail this letter of intent (at the above
address) to the Illinois Criminal Justice Information Authority (ATTN:
Gary Kupsak) no later than September 25, 2002.**

**Law Enforcement and Prosecution
Request for Proposals
Application Checklist:**

- _____ One original unbound proposal and *five copies and copy on diskette*, including all of the following items:
- _____ Completed Background Information Sheet (Attachment 1)
- _____ Complete Proposal Content –Parts I-VII (Attachment 2)
- _____ Signed Statement of Compliance (Attachment 3)
- _____ Signed Certification (Attachment 4)
- _____ Signed Drug Free Workplace Act Certification (Attachment 5)
- _____ Signed Federal Debarment Certification (Attachment 6)

REQUEST FOR PROPOSALS
for
LAW ENFORCEMENT AND PROSECUTION-BASED
VICTIM SERVICES PROGRAMS
funded by
The Illinois Criminal Justice Information Authority

General Information

What types of programs will be targeted with these grant funds?

Funds available under this request for proposals (RFP) are targeted at the creation or expansion of direct services for victims of crime provided by law enforcement agencies and prosecutors' offices. Fundable services are limited to those activities related to assisting crime victims in addressing issues and overcoming obstacles that arise from their victimization.

Who is Eligible?

State, county, municipal and campus law enforcement agencies and prosecutors' offices are eligible to apply (approved contracts will be with the governmental entity i.e. "City of Mudville on behalf of the Mudville Police Department." Priority consideration will be first to prosecutors' offices that do not currently offer victim assistance services then to law enforcement agencies in counties where there are no prosecution-based victim assistance services, followed by all other applicants. Additional information concerning eligibility requirements can be found in Section II of this RFP.

How long will the program run?

The Victims of Crime Act (VOCA) Law Enforcement and Prosecution Based Victim Services grant funds from this RFP will be available for a maximum of 24 months beginning no later

January 1, 2003. Funding for the full 24 months will be dependent on project performance.

Funding beyond the 24 months will be dependent on project performance and availability of funds.

How much is available?

A maximum of \$1,650,000 in federal VOCA funding is being made available for this RFP. Funds will be allocated among multiple projects depending on the number and quality of responses received. These funds are a portion of the Victims of Crime Act (VOCA) Victim Assistance Grant from the Office for Victims of Crime to the Illinois Criminal Justice Information Authority for direct services to victims of crime.

How much can I ask for?

Requests of **\$25,000** to **\$100,000** in federal funds **per year** for a two-year period (i.e., total request amounts may range from **\$50,000** to **\$200,000** will be considered by the Authority.

Requests for under the minimum or over the maximum **may** be considered at the Authority's discretion. **VOCA funds may not be used to supplant or replace state and local funds that would otherwise be available for crime victim services and must be used to develop new projects or expand an existing project.**

How much match is required?

Grant funds may not be used for more than 80% of the total cost of the project. The remaining portion of the project costs must be met through a cash or in-kind (soft) match contribution to the project from non-federal sources. In-kind match includes, but is not limited to, staff time directed toward the program, volunteer hours contributed, pro-rata portion of agency rent and utilities, and equipment designated specifically for the program.

How do I apply?

After reading through the RFP in its entirety, **complete all materials** in the separate proposal application packet as detailed in Section VII of this RFP.

When is the proposal due?

Proposals must be received by **12:00 noon on Friday, October 18, 2002**. Facsimile transmissions are not acceptable. Late proposals will not be accepted. To be accepted for consideration, proposals must meet the requirements set forth in this Request for Proposals.

If you intend to submit a proposal, please submit the enclosed “Letter of Intent” no later than September 25, 2002.

How do I submit the proposal?

Proposals may be mailed or delivered in a sealed envelope marked:

Federal and State Grants Unit
Illinois Criminal Justice Information Authority
120 South Riverside Plaza, Suite 1016
Chicago, Illinois 60606-3997
Attention: VOCA Law Enforcement & Prosecution RFP

Who do I contact with questions?

Contact the Illinois Criminal Justice Information Authority’s toll-free number at 1-888-425-4248.

The Authority’s web site, www.icjia.state.il.us, also provides information on this RFP.

Section I. Background

What is the Victims of Crime Act (VOCA)?

The Victims of Crime Act (VOCA) was passed in 1984 for the purpose of compensating and assisting victims of crime and providing funds for training and technical assistance. The 1984 VOCA legislation established the Crime Victims Fund (Fund) in the U.S. Treasury and authorized the Fund to receive deposits of fines and penalties levied against criminals convicted of federal crimes. The funds are allocated to states by formula by the Office for Victims of Crime of the U.S. Department of Justice. The primary purpose of the VOCA funds is to support the provision of direct services to victims of crime. States are required to allocate a minimum of 10 percent of the funds received for services to each of the following: victims of sexual assault, domestic violence, child abuse, and underserved victims of violent crime.

The Illinois Criminal Justice Information Authority is the state agency charged with the administration of the federal VOCA funds earmarked for direct services for victims of crime. In recent years, Illinois' VOCA awards have ranged from \$5.3 million to \$16.9 million.

Why are funds being targeted at the expansion or creation of direct services for victims of crime provided by law enforcement agencies and prosecutors' offices?

In 1999, the Illinois Criminal Justice Information Authority began a comprehensive planning process to develop a statewide plan to serve, among other things, as a framework for a comprehensive approach to coordinating the allocation and expenditure of all Federal and state grant funds appropriated to the Authority. The 18-month project, which was launched under the oversight of the Authority's Planning and Research Committee, resulted in the Criminal Justice Plan for the State of Illinois.

The planning process was guided by research, data collection, professional input and consultation, and highlighted by a two-day Criminal Justice Planning Assembly held in June 2000 in which

nearly 150 policymakers, service providers, researchers, private citizens, and government officials participated. Following the Assembly, advisory committees were convened to refine issues and develop strategic plans in six broad topic areas: 1) drug and violent crime; 2) juvenile crime; 3) victims of crime; 4) offender services; 5) community capacity building; and 6) information systems and technology. Each committee was comprised of representatives from the criminal justice system, victim services and community groups.

The Victims of Crime Advisory Group developed goals and objectives related to the provision of quality victim services including the need to ensure a minimum provision of basic services to all victims of crime. The group developed funding recommendations for specific program areas for the VOCA funds administered by the Authority. After recommending continued funding of current initiatives, the group identified the need for additional funding to address gaps in services including law enforcement and prosecution-based victim services programs. Based on the group's recommendation, the Authority's Budget Committee allocated \$1.65 million to law enforcement agencies and prosecutors' offices for the development or expansion of direct services to victims of crime.

Section II: Eligibility

Eligible applicants include state, county, municipal, and campus law enforcement agencies and prosecutors' offices that meet the following sub-recipient organization requirements:

1. **Public or Nonprofit Organizations.** Are operated by a public or non profit organization, or a combination of such organizations, and provide direct services to crime victims;
2. **Record of Effective Services.** Demonstrate a record of providing effective direct services to crime victims. This includes having the support and approval of its services by the community, a history of providing direct services in a cost-effective

- manner, and financial support from other sources;
3. **New Programs.** Those programs that have not yet demonstrated a record of providing services may be eligible for VOCA funds if they can demonstrate that a minimum of 25 percent of their financial support comes from non-federal sources;
 4. **Meet Program Match Requirements.** Matching contributions of 20 percent (cash or in-kind) of the total costs of the VOCA project. Match is to be committed for each VOCA-funded project and derived from resources other than federal funds and/or resources;
 5. **Volunteers.** Sub-recipient organizations must use volunteers unless the state grantee determines there is a compelling reason to waive this requirement;
 6. **Promote Community Efforts to Aid Crime Victims.** Promote, within the community, coordinated public and private efforts to aid crime victims. Coordination may include, but is not limited to, serving on state, federal, local or Native American task forces, commissions and/or working groups; and developing written agreements, which contribute to better and more comprehensive services to crime victims. Coordination efforts qualify an organization to receive VOCA victim assistance funds, but are not activities that can be supported with VOCA funds;
 7. **Help Crime Victims Apply for Compensation.** Such assistance may include identifying and notifying crime victims of the availability of compensation, assisting them with application forms and procedures, obtaining necessary documentation, and/or checking on claim status;
 8. **Comply with Federal Rules Regulating Grants.** Comply with the applicable provisions of VOCA, the VOCA Program Guidelines, and the requirements of the Office of Justice Programs Financial Guide, which includes maintaining appropriate programmatic and financial records that fully disclose the amount and disposition of VOCA funds received;
 9. **Maintain Civil Rights Information.** Maintain statutorily required civil rights statistics on victims served by race or national origin, sex, age and disability, within the timetable established by the State grantee; and permit reasonable access to books, documents, papers, and records to determine whether the recipient is complying with applicable civil rights laws. This requirement is waived when providing a service, such as telephone counseling, where soliciting the information may be inappropriate or offensive to the victim;
 10. **Comply with State Criteria.** Abide by any additional eligibility or service criteria as established by the State grantee including submitting statistical and programmatic information on the use and impact of VOCA funds, as requested by the State grantee;
 11. **Services to Victims of Federal Crime.** Provide services to victims of Federal crimes on the same basis as victims of state/local crimes;
 12. **No Charge to Victims for VOCA-Funded Services.** Provide services to crime victims, at no charge, through the VOCA-funded project;

13. **Client-Counselor Confidentiality.** Maintain confidentiality of client-counselor information as required by State and Federal law;
14. **Confidentiality of Research Information.** Except as otherwise provided by federal law, no recipient of monies under VOCA shall use or reveal any research or statistical information furnished under this program by any person and identifiable to any specific private person for any purpose other than the purpose for which such information was obtained in accordance with VOCA; and
15. **Civil Rights. Prohibition of Discrimination for Recipients of Federal Funds.** No person in any state shall, on the grounds of race, color, religion, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, be subjected to discrimination under, or denied employment in connection with any program or activity receiving federal financial assistance.

Section III: Eligible Activities

The Illinois Criminal Justice Information Authority hopes to promote the creation or enhancement of services for victims of crime provided by law enforcement agencies and prosecutors' offices through this funding opportunity. Consideration will **only** be given to proposals from law enforcement agencies and prosecutors' offices to provide direct services to crime victims such as:

- **Crisis Counseling:** In-person crisis intervention, emotional support, guidance and counseling provided by advocates, counselors, mental health professionals, or peers. May occur at the scene of a crime, immediately after a crime, or be provided on an on-going basis.
- **Follow Up Contact:** In-person and telephone contacts and written communications with victims to offer emotional support, provide empathetic listening, check on a victim's progress, etc.
- **Information and Referral (In-person):** In-person contacts with clients during which time services and available support are identified.
- **Information and Referral (Telephone Contacts):** Telephone contacts with victims during which time services and available support are identified.
- **Criminal Justice Support/Advocacy:** Support, assistance, and advocacy provided to victims at any stage of the criminal justice process: court-related support, court orientation, court escort, case appearance notification, case status and disposition information, victim impact statements, assistance with restitution, transportation, child care, assistance with property return, and post-sentencing services and support.
- **Emergency Legal Advocacy:** Filing temporary protective orders, and elder and child

abuse petitions.

- **Assistance in Filing Compensation Claims:** Making victims aware of the availability of crime victim compensation and providing assistance in the filing process. May also involve follow-up contact with the victim compensation unit on behalf of the victim.
- **Personal Advocacy:** Assisting victims in securing rights and services from other agencies; locating emergency financial assistance, intervening with employers, creditors and others on behalf of victim; assisting in filing for losses covered by public and private insurance programs; accompanying victim to the hospital; etc.

Funds may be used for personnel costs and other costs necessary and essential to providing direct services. A list of specific items that can be funded under this RFP and associated dollar limits is detailed in Appendix B of the proposal application packet.

SECTION IV: UNALLOWABLE ACTIVITIES AND COSTS

The following services, activities, and costs are **unallowable** and **cannot be supported** with VOCA victim assistance grant or matching funds. ***This list MUST be considered when developing proposal content. Proposals that include these unallowable items as VOCA grant or match funded services, activities or costs, will be subject to a reduction in their point allocation and costs associated with these activities will be deducted from the amount requested (see Section VIII: Review Criteria and Procedures).***

1. Coordination of public and private efforts to aid crime victims, including but not limited to serving on task forces, commissions, working groups, coalitions, and/or multi-disciplinary teams, and developing written agreements that contribute to better and more comprehensive services to crime victims;
2. Lobbying and administrative advocacy;
3. Perpetrator rehabilitation and counseling;
4. Needs assessments, surveys, evaluations, studies and research efforts that study and/or research a particular crime victim issue;
5. Activities directed at prosecuting an offender or improving the criminal justice system's effectiveness and efficiency such as witness notification and management activities and expert testimony at a trial; victim/witness protection costs and

- victim/witness expenses such as travel to testify in court and subsequent lodging and meal expenses;
6. Fundraising activities;
 7. Indirect organizational costs such as liability insurance on buildings; capital improvements; security guards; property losses and expenses; real estate purchases; mortgage payments; and construction;
 8. Reimbursing crime victims for expenses incurred as a result of a crime;
 9. Nursing home care, home health-care costs, in-patient treatment costs, hospital care, and other types of emergency and non-emergency medical and/or dental treatment;
 10. Relocation expenses for crime victims;
 11. Salaries, fees and reimbursable expenses associated with administrators, board members, executive directors, consultants, coordinators, and other individuals unless these expenses are incurred while providing direct services to crime victims;
 12. Development of protocols, interagency agreements and other working agreements that benefit crime victims;
 13. Costs of sending individual crime victims to conferences;
 14. Crime prevention activities;
 15. Legal representation such as for divorces or civil restitution recovery efforts; and due to issues of cost-effectiveness identified by the Office for Victims of Crime, non-emergency legal advocacy efforts performed by staff attorneys; and
 16. Administrative costs.

SECTION V: REPORTING REQUIREMENTS

Quarterly progress and fiscal reports will be required of the successful applicants. The nature and format of these reports will be determined by the Authority prior to implementation of the project.

The purpose of these reports is to allow the Authority to monitor the progress and spending of the project. In addition, closeout reports will be required upon the project's completion.

SECTION VI: PROPOSAL DEVELOPMENT

Proposal development should carefully follow the requirements set forth in the following sections.

Proposals should:

- (1) be as concise as possible yet include important details and address the requirements set forth herein;

- (2) use language that is clear to persons who are not an expert in the field of victim services; and
- (3) clearly and fully explain how the applicant intends to fulfill RFP requirements.

SECTION VII: CONTENT of PROPOSAL APPLICATION PACKET and LAYOUT

To be accepted for consideration, proposals must meet the requirements set forth in this RFP.

Applicants must submit an **original (unbound) proposal application packet and five (5) complete copies** of the packet **along with a copy of the completed application packet on diskette**. The copies may be bound. The application packet can be downloaded from the Authority's web site at www.icjia.state.il.us. Proposals must be on 8 1/2" x 11" paper, single-sided, 12 point font size, and include the following in the order indicated:

- (1) **Completed Background Information/Cover Sheet** that includes the name and address of the organization, the full name of a contact person, telephone number, facsimile number, and total amount of funding requested and other information related to the proposed program; [form attached in proposal packet- ATTACHMENT 1];
- (2) **Completed Proposal Content (Parts I-VII)**: [form attached in proposal packet- ATTACHMENT 2];

Proposals must answer all questions as set forth in the Proposal Content (Parts I-VII).

Part I: Description of Organization

This section will help us to gain a general understanding of your agency's overall goals and activities, not just the activities for which you are seeking VOCA funding.

Part II: Summary of Program.

This section will help us to understand the **specific** project for which you are

seeking VOCA funds including all direct services to be provided to crime victims. **Do not** include description of activities that will not be part of the VOCA grant or match funded activities.

Part III: Statement of Problem

This section will help us to understand why this project is so important to the crime victims and community you serve.

Part IV: Goal/Objectives/ Performance Indicators

This section will help us better understand where your project is ultimately going (GOAL), how it will get there (OBJECTIVES), and how you will know when your project has gotten there (PERFORMANCE INDICATORS).

A **goal** is a general statement of what your project hopes to accomplish. A **universal goal has been developed for these projects.**

Objectives are the specific, measurable, and realistic activities you intend to bring about. A table in the proposal application packet will assist you in developing the objectives for your project.

Examples of objectives include:

- (i) We will provide services to 20 victims each month of the program.
- (ii) We will provide each victim with at least one hour of service.
- (iii) We will provide 2 referrals for each victim as need requires.

Performance Indicators gauge the performance of your program. The Authority will develop performance indicators based on your responses to the objective section. These indicators will be used as the basis for the quarterly performance reports.

Part V: Program Strategies.

The answers to this section will help us to understand how the Goal and Objectives for your project are going to be accomplished, and how the VOCA grant and match funded activities will address the problem described.

Part VI: Implementation Schedule.

The implementation schedule should be used as a planning tool for the project and should reflect a realistic projection of how the program will proceed and should describe in outline form, the VOCA grant and match funded activities which will be undertaken to accomplish each objective, who will be responsible for each activity and the expected completion date of each activity.

Part VII: Proposed Budget and Budget Narrative.

This section will detail the staff and/or other items for the proposed project that are to be paid for with federal or match funds. Instructions for this section can be found in Appendix A of the proposal application packet. Budget categories include: personnel services/fringe benefits, equipment, commodities, travel, and contractual. A fringe benefit worksheet has been included to detail the specific

benefits and their associated percentages or dollar amounts. A list of allowable costs and their associated dollar amounts is included in the proposal application packet (Appendix B).

Other Information to be Included:

- (2) **A signed statement of compliance with each of the requirements listed in Section III: Eligibility**, [form attached in proposal packet- ATTACHMENT 3];
- (4) **A signed certification that (a) the applicant is not barred from contracting with any unit of state or local government** as a result of violation of 720 ILCS 5/33E-3 or 5/33E-4, and (b) that it shall notify the Authority's Ethics Officer if the applicant solicits or intends to solicit for employment any of the Authority's employees during any part of the application process or during the term of any contract awarded. [form attached in proposal packet- ATTACHMENT 4];
- (5) **A signed certification regarding the State of Illinois Drug Free Workplace Act (30 ILCS 580)** [form attached in proposal packet - ATTACHMENT 5]; and
- (6) **A signed Federal Lobbying/Debarment Certification** [form attached in proposal packet – ATTACHMENT 6].
- (7)...**A signed and completed VOCA Volunteer Certification and Waiver Form** [form attached in proposal packet-ATTACHMENT 7], **only if requesting a waiver for volunteers.**

Proposals that do not address each of these points will not be considered.

Proposal packages will be opened at 12:00 noon on Tuesday, October 21, 2002, at the Authority. Proposals not submitted in a sealed envelope will be rejected. Submissions that do not include the complete original proposal application (including items 1 through 6, as outlined above and item 7 as needed), five copies and the completed application on diskette will not be considered.

SECTION VIII: REVIEW CRITERIA AND PROCEDURES

The Authority reserves the right to reject any or all proposals if it is determined that submission(s) are not satisfactory. The Authority also reserves the right to invite one or more

applicants to resubmit amended proposals. Proposal scores will be determined using the following criteria.

(1) **Need for Program/Past Commitment** – The proposal illustrates the need for the program (**max. 10 points**). The need for the program has been successfully corroborated by meaningful current data. (**max. 10 points**)

(7) **Responsiveness to Proposal** - The proposal addresses all parts of the RFP well and demonstrates an ability to successfully implement the program. (**max. 50 points total**)

Summary of Program (max. 10 points).

Statement of Problem (max. 15 points).

Goal and Objectives (max. 10 points).

Program Strategies (max. 15 points).

(3) **Implementation Plan** - Has been included; is complete, clear and reasonable. (**max. 5 points**)

(4) **Adequacy of Cost Estimates** - Proposed project costs for services, activities and other items will be assessed to determine how realistic they are, and the extent to which they have been allocated in a cost-efficient yet effective manner. (**max. 10 points**) The Budget Narrative includes all budgeted items listed in the Budget line by line, all costs are accurately calculated and relevance to the program is clearly explained. (**max. 10 points**)

(5) **Inclusion of Match** - The budget and budget narrative explain the amount and source of matching funds, and include an itemization of the costs to which matching funds will be applied. The VOCA Program has a 20% cash or in-kind match requirement from non-federal sources. The federal amount must not exceed 80% of the total VOCA project cost. (**max. 5 points**)

Use the following formula to calculate federal and match amounts.

To calculate the federal amount: total project cost x .8 = federal amount

To calculate the match amount: federal amount/ 4 = match amount

A panel of external reviewers with expertise in victim services will review the proposals. A panel of Authority senior staff will do a final review of proposals for allowability of costs. Their recommendations will be forwarded to the executive director of the Authority. A preliminary

award decision will be made and applicants will be notified of the Authority's decision at the earliest possible date. Successful applicants whose proposals contained unallowable costs will have their award reduced by the total amount of all unallowable costs.

Priority will be given to program proposals scoring 80 or above from prosecutor's offices that do not currently have a victim services program, followed by proposals that score 80 or above from law enforcement agencies in counties that do not have prosecutor-based programs. Any funds remaining after determining the total number of dollars needed to fund proposals receiving priority will be allocated to other programs based on their scores.

GRANT CONTENT

The content of the selected proposal, including possible modifications, will help define the project and will be appended to a grant awarded to the applicant. In addition, other grant obligations include, but are not limited to, an anti-bribery clause, drug-free workplace certification, subcontractor limitation, international boycott certification, debarment certification, equal employment opportunity, assurance of compliance to standards that minimally adhere to the Illinois Procurement Code, and nondiscrimination certifications. Failure of the selected applicant to accept grant obligations may result in cancellation of the selection. The Authority reserves the right to extend the grant at its discretion.

APPENDIX A: BUDGET

BUDGET DETAIL INSTRUCTIONS {PRIVATE }

GENERAL INSTRUCTIONS: If space on these forms is insufficient, use additional pages. Fractions of dollars should be omitted. If no costs are anticipated in a section of the budget itemization, write "not applicable" in that section.

Make sure that each budget category is totaled correctly and that the total line for each budget category reflects both a federal and a matching total. Remember that the entire budget for the project includes both federal and matching funds. All budgeted costs must be allowable as per Appendix B of the application packet. Calculate all costs for the full 24 months of the program. All procurements must be competitive (minimum of three quotes/bids).

DETAIL OF ITEMIZED BUDGET:

Personnel Services:

Job Title - Identify the personnel to be used in this project by job title.

Salary Rate and Time - Enter the salary of each individual listed, the percent of time he or she will spend working on project business, and the number of months he or she will be assigned to the project. If salary increases are built in for second year of program, please show increased salary as a separate budget line under position title.

Fringe benefits -Fringe benefits are allowable as long as they are comparable to those granted to other employees of the organization, and allowable under state and federal guidelines. Please use the Fringe Benefit Worksheet to compute the fringe benefit for all grant funded salary positions. Calculate the Total Fringe Benefit charged to the grant and submit worksheet along with submitted budget.

Equipment: Detail all equipment that is to be purchased and which has a unit cost of \$50 or more. Include the number of units and the estimated cost per unit. Note all equipment should be purchased in the first 3 months of the program. The cost for each item should include taxes, delivery, installation and all related costs. Lease or rental equipment belongs under the contractual category.

Commodities: This section applies to consumable supplies and any equipment items with initial costs of less than \$50. Itemize all commodities to be used for the project; avoid the designation "miscellaneous".

Travel: This section applies to travel related costs for project personnel and clients. These expenses include mileage, per diem, lodging and transportation expenses for employees who are on official business related to the goals and objectives of the project. Reimbursement may not exceed the rates and conditions established for state employees by the Governor's Travel Control Board but must also be consistent with your agency's policies. All out-of-state travel must have prior written Authority approval.

Contractual: List all costs that are to be incurred as a result of the proposed program. This section includes facility costs, utilities, telephone, and equipment rentals.

BUDGET NARRATIVE INSTRUCTIONS

General Instructions: The Budget Narrative will provide the justification and information necessary to 1) determine the manner in which the budget was calculated, and 2) the relationship between budgeted items and the proposed program's goals. The budget narratives should explain how each cost is necessary for the program. All budgeted costs must be allowable as per Appendix B of the application packet.

Personnel: List the personnel to be paid for with agreement funds and explain job duties in relation to the program and qualifications of positions. The Fringe Benefit Worksheet must be filled out. Include job descriptions for **all** staff positions included in budget.

Equipment: If equipment is to be purchased, its proposed use and relationship to the project should be described. All equipment purchased must be necessary to the program and used by personnel in the project budget. Please note: Purchase of any equipment to be used by the agency, as a whole, must be pro-rated based on usage by project staff. *For example: if a copier is purchased for \$10,000 and will be used by 5 advocates in the office, but only 1 advocate is funded by the program, then only 20% of the cost of the copier can be charged to the grant fund, $\$10,000/5 = \$2,000$.*

Commodities: Enter the types and quantities of all consumable items to be used by the program. Include computation of costs and explain how estimate of cost was determined, such as amounts used for similar projects. *For example: office supplies, such as paper, pens, staples and envelopes, at \$50 per month x 24 months, \$1,200. These cost estimates are based on actual costs of last year's commodities for a like program.*

Travel: Describe, in detail, travel costs related to each staff function and any client travel. Include computation of mileage and explain how the estimate was determined. *For example: 500 miles per month x 24 months x \$.365/mile, \$4,380. Estimate was based on average monthly travel from last year.*

Contractual: Enter the cost of all contractual costs such as facility costs, utilities, telephone, and equipment rentals. Explain in detail all expenses, why they are necessary for the program and how costs were calculated. *Example, cell-phone to be used by grant funded position to contact clients while traveling. Cost, \$45 per month x 24 months, \$1,080. Calculations were estimated using costs for other like positions.*

APPENDIX B

ALLOWABLE FEDERAL & MATCH EXPENDITURES AND, WHERE APPLICABLE, MAXIMUM COSTS (MAXIMUM COSTS IN FEDERAL OR MATCHING DOLLARS)

Personnel Services Category

Salaries

Hourly wages

Fringe benefits

Equipment Category

Personal computers, monitors & printers for project staff members, **maximum cost of \$2,500 per set.**

Software/software licenses for project staff members.

Office furniture for project staff members:

Desks, **maximum cost of \$350 per item.**

Chairs, **maximum cost of \$150 per item.**

Bookcases, **maximum cost \$150 per item.**

Filing cabinets, **maximum cost of \$150 per item.**

Tables, **maximum cost of \$175 per item.**

Telephones for project staff members (desktop office & cell phones), **maximum cost of \$100 per item.** This line item refers to the cost of telephone equipment, and NOT the cost of telephone service.

Pagers, **maximum cost of \$50 per item.**

Commodities Category

Consumable office supplies for project staff members, such as copier/printer paper, pens & pencils, envelopes, paperclips, staples, copier/printer toner, writing pads, etc., **maximum cost of \$30 per month per staff member.**

Cost of printing and copying brochures re: the project.

Postage

Travel Category

Mileage (no more than .365/mile, and possibly less if the grantee agency sets its own mileage rate below .365/mile) for project activities' related trips (including trainings) for project staff members and transporting victims.

Parking expenses for project activities' related trips (including trainings) for project staff members and transporting victims.

Tolls for project activities' related trips (including trainings) for project staff members and transporting victims.

Airfare & lodging associated with trainings for project staff members.

Per Diem

Contractual Category

Pro rated cost of electricity and gas.

Cost of telephone service for project staff members (desk top office & cell phones).

Cost of pager service for project staff members.

Cost of Internet connection for project staff members.

Rent for pro rated cost of office space occupied by project staff members. **For federal funds to be used for rent, new space must be added. The agency cannot use federal or match dollars for office space if it owns or has a financial interest in the building.**

Cost of recruiting (newspaper ads, website postings, etc.) to fill project positions.

Pro rated cost of lease of copier.

Registration fees for project staff members when participating in out-of-town trainings.

APPENDIX C: Available Public Crime Data Sources

Data Source	Host agency	Smallest geographic level available	How to obtain data
Violent Index offenses reported to police (homicide, criminal sexual assault, robbery, and aggravated assault)	Illinois State Police (ISP)	municipal	http://www.isp.state.il.us/ Click on “crime” first, and then “Illinois Uniform Crime Reports”
Index criminal sexual assault offenses reported to police	Illinois State Police (ISP)	municipal	http://www.isp.state.il.us/ Click on “crime” first, and then “Illinois Uniform Crime Reports”
Domestic offenses reported to police (any offense, Index and non-Index, reported to police between family or household members)	Illinois State Police (ISP)	municipal	http://www.isp.state.il.us/ Click on “crime” first, and then “Illinois Uniform Crime Reports” or contact ICJIA at 312.793.8550
Property Index offenses reported to police (burglary, theft, motor vehicle theft, arson)	Illinois State Police (ISP)	municipal	http://www.isp.state.il.us/ Click on “crime” first, and then “Illinois Uniform Crime Reports”
Hate crime offenses reported to police	Illinois State Police (ISP)	municipal	http://www.isp.state.il.us/ Click on “crime” first, and then “Illinois Uniform Crime Reports” or contact ICJIA at 312.793.8550
Crimes against children reported to police (not mandatory for police to report, but some data are available)	Illinois State Police (ISP)	municipal	http://www.isp.state.il.us/ Click on “crime” first, and then “Illinois Uniform Crime Reports” or contact ICJIA at 312.793.8550
Orders of protection entered into the Law Enforcement Agency Data System	Illinois State Police (ISP)	county	Contact ISP at 217.782.4155 or ICJIA 312.793.8550
Felony cases filed in the criminal courts	Administrative Office of the Illinois Courts (AOIC)	county	Contact AOIC at 217.785.2125 or ICJIA at 312.793.8550

Data Source	Host agency	Smallest geographic level available	How to obtain data
Juvenile delinquency petitions filed in juvenile courts	Administrative Office of the Illinois Courts (AOIC)	county	Contact AOIC at 217.785.2125 or ICJIA at 312.793.8550
Reported & indicated cases of child abuse or neglect	Department of Children and Family Services (DCFS)	county	http://www.state.il.us/dcfs/com_communications.shtml Click on the most recent publications titled, <i>Child Abuse and Neglect Statistics Annual Report</i> .
Reported & indicated cases of child sexual abuse	Department of Children and Family Services (DCFS)	county	http://www.state.il.us/dcfs/com_communications.shtml Click on the most recent publications titled, <i>Child Abuse and Neglect Statistics Annual Report</i> .
Substance affected infants	Department of Children and Family Services (DCFS)	county	http://www.state.il.us/dcfs/com_communications.shtml Click on the most recent publications titled, <i>Child Abuse and Neglect Statistics Annual Report</i> .
Firearm deaths	Illinois Department of Public Health (IDPH)	county/Chicago	Contact IDPH at 217.782.4977 or ICJIA at 312.793.8550
Reported cases to the Central Complaint Registry regarding long-term care facilities	Illinois Department of Public Health (IDPH)	county	Contact IDPH at 217.782.4977 or ICJIA at 312.793.8550
Reported & indicated cases of elder abuse	Illinois Department on Aging (IDoA)	county	Contact IDoA at 217.785.3356 or ICJIA at 312.793.8550

ATTACHMENT 1: BACKGROUND INFORMATION

VICTIMS OF CRIME ACT

Law Enforcement and Prosecution - Based Victim Assistance Services

Organization Name: _____

Organization Address: _____

Organization FEIN No: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Amount of Federal Funds Requested: \$ _____

Amount of Match Funds to be Used: \$ _____

Total Program Cost (Federal and Match): \$ _____

Type of Implementing Agency (Check one)

Criminal Justice-Government

Law Enforcement

Prosecution

Please Provide the Total Amounts of Funding Allocated to Victim Services Based on Your Agency's Current Fiscal Year Budget:

Federal (Excluding VOCA) \$ _____

VOCA Funds \$ _____

State \$ _____

Local \$ _____

Other \$ _____

For this Victim Services Project Indicate:

___ Number of New Staff (Full-time Equivalents) Proposed, Both Federal and Match Funds

___ Indicate the Number of Volunteer Staff used by Agency (Full-time Equivalents)

___ Requesting Waiver of Volunteer Requirements (See Attachment 7)

Geographic Area Served by Agency _____

Population of Service Area _____

___ Does this project make a special effort to target any Un-Served or Underserved Populations?

If So, Please Check All Un-Served or Underserved Populations being Targeted by this project

___ African American

___ Hispanic

___ Rural

___ Other (specify) _____

___ None

___ Mentally Disabled

___ Physically Disabled

___ Underserved Urban

___ Children

___ Elderly

___ Non-English Speaking

Identify the Victim(s) to be Served Through this Victim Services Project.

___ All Victims of Crime

or (check applicable)

___ Survivors of Homicide Victims

___ Child Physical Abuse

___ Adult Sexual Abuse

___ Child Sexual Abuse

___ Domestic Violence

___ Robbery

___ Elder Abuse

___ Other Violent Crimes

___ DUI/DWI Crashes

___ Other (name type) _____



ATTACHMENT 2: PROPOSAL CONTENT

Please respond to each of the items in the following seven sections. The answers to these questions will be your proposal. You may use additional sheets if necessary.

Part I: Description of Organization. In this section, we are trying to gain a general sense of your agency's overall goals and activities, NOT solely the project for which you are seeking VOCA funds.

<p>a. Please provide a <i>brief</i> description of your agency.</p>
<p>b. What is your agency's mission?</p>
<p>c. Does your agency have specialized units, e.g. personnel that target a specific population or that work with cases of a particular crime type?</p> <p>CHECK ONE: _____ YES _____ NO</p> <p>If YES, please list each unit and its general purpose below:</p>
<p>d. Does your agency have staff specifically assigned to provide support services to victims of crime?</p> <p>CHECK ONE: _____ YES _____ NO</p> <p>If YES, please list the title and responsibilities of each staff person that provides these support services:</p>

e. How does your agency inform crime victims of their statutory rights?

f. What community-based programs does your agency refer victims of crime to, AND what types of services do each of these programs provide?

Part II: Summary of Program. This section will help us understand the project for which you are seeking VOCA funds. This must include all direct services to be provided to crime victims with VOCA and match funds. **Do not** include a description of activities that will not be funded with VOCA or match funds.

a. Will **additional** staff be hired to provide the direct services to be funded with this project, **AND/OR** will hours of existing staff be **increased** to provide these services?

CHECK ONE:

_____ ADDITIONAL STAFF _____ EXISTING STAFF _____ BOTH

If **ADDITIONAL STAFF will be hired for this project**, please indicate each additional staff person's title to be hired for this project, **AND** the full-time equivalent (FTE) each person will work for this project.

<u>Title of additional staff person to be hired</u>	<u>% FTE for this project</u>
_____	_____
_____	_____
_____	_____

If **EXISTING STAFF* will be used for this project**, please indicate the title of each existing staff person who will work for this project. Then, first indicate the full-time equivalent (FTE) each person currently works **NOT INCLUDING this project**. Second, indicate the additional FTE the same person will be working for only this project. Finally, the total FTE should be indicated in the last column and should be equivalent to the sum of the first two columns.

<u>Title of existing staff person</u>	Current % FTE of existing staff	INCREASE in % FTE for this project	TOTAL % FTE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***For existing staff, Federal dollars can only be used to fund additional hours above those that are currently worked.**

b. Please provide a *brief* summary of the proposed project.

c. How will victims be referred to your program for services?

d. Will this project provide direct services for all crime victims, **OR** will this project provide direct services to a sub-population of crime victims (*e.g. domestic violence victims, non-English speaking victims, disabled victims, teenage victims*)?

CHECK ONE:

ALL CRIME VICTIMS SUB-POPULATION OF CRIME VICTIMS

If SUB-POPULATION OF CRIME VICTIMS, please identify:

e. What will be the primary qualifications of program-funded staff?

f. Who will oversee this project?

g. How will this project complement the current activities and services provided at your agency?

If you are proposing to serve a sub-population of crime victims, such as sexual assault victims, children, or elderly victims, you may be able to provide crime rates more pertinent to your target population. Appendix C* provides a list of data sources that can be used to calculate rates and where you can access them. Please feel free to create another table if you find more than one data source relevant to your project. Again, if you need additional assistance in obtaining data that are relevant to your project, you may contact the Authority's Research & Analysis Unit at 312.793.8550.

Reported rates of _____
 (Insert type of data used here, e.g. violent Index offenses, child abuse reports, etc.)

per 100,000 population for _____, 1999-2001
 (jurisdiction(s) served by your agency)

Jurisdiction(s) served by your agency (city or county)	1999	2000	2001

* Appendix C indicates that several data sources only have information available at the county level. If your project does not serve an entire county, you may still provide county level rates, IF that is the smallest geographical level of data available.

Next, please respond to the following questions:

<p>a. What is the problem(s) identified by crime victims that come into contact with your agency that <u>this project</u> will address? (<i>What do crime victims need that they are not currently getting?</i>)</p>
<p>b. How are you aware that this problem exists? (<i>You may use the data entered in the offense rate table if applicable. You may also provide additional data if you feel it supports the need for your proposed project; please include the source of any such data. You may also use anecdotal information based on experiences of agency staff or other sources within your jurisdiction.</i>)</p>

c. Why is your agency unable to adequately address this problem(s) with existing resources?

d. Have there been prior efforts to address this problem by your agency?

CHECK ONE: _____ YES _____ NO

If YES, why was this effort not successful or not completely successful?

e. Are there any other resources in the area you serve that can help crime victims with the need(s) you identified?

CHECK ONE: _____ YES _____ NO

If YES, what is this resource, AND why is this project needed in addition to this resource?

If a grant is awarded to your agency you will be required to enter into a networking agreement with other victim services agencies in your area.

Part IV: Goal and Objectives. This section will help us better understand where your project is ultimately going (GOAL) and how it will get there (OBJECTIVES). Remember that goals and objectives should **only include VOCA grant and match** funded activities.

A. Goal: A universal goal has been developed for these projects. Please indicate the choice(s) that are most appropriate for your intended project.

To provide direct services to (CHECK ONE BELOW):

_____ ALL CRIME VICTIMS

_____ _____ CRIME VICTIMS

(Insert sub-population of crime victims here.)

for the purpose of alleviating trauma and suffering incurred from crime victimization.

B. Objectives: Please complete the following objectives by inserting the number of clients that will be provided with that service. If you will not be providing a specific type of service, place a zero in the blank. Performance indicators will be developed for you based upon your responses to these objectives.

Example: *Provide court accompaniment to 6 victims each month.*

- 1) Provide criminal court-related advocacy and support services (e.g., court orientation, court escort) to _____ victims each month.
- 2) Provide criminal case status & disposition information and/or appearance notification services to _____ victims each month.
- 3) Assist _____ victims each month with victim impact statements.
- 4) Provide other criminal justice advocacy and support services (e.g. assistance with restitution, transportation, child care, property return, and post-sentencing services and support) to _____ victims each month.
- 5) Provide in-person information and referral services to _____ victims each month.

- 6) Provide telephone information and referral services to _____ victims each month.
- 7) Assist _____ victims with obtaining an order or protection each month.
- 8) Provide other emergency legal advocacy and support services (non-criminal justice, e.g. filing elder and child abuse petitions) to _____ victims each month.
- 9) Provide follow-up contact to _____ victims each month.
- 10) Provide assistance in filing compensation claims to _____ victims each month.
- 11) Provide crisis counseling services to _____ victims each month.
- 12) Provide personal advocacy to _____ victims each month.
- 13) Provide _____ services to _____ victims each month.
(other direct service proposed)
- 14) Provide _____ services to _____ victims each month.
(other direct service proposed)

C. Impact Objective(s): The objective(s) developed in response to this item will improve your ability to assess the *impact* of direct services from this project on your target population.

What kinds of smaller, observable changes do you want to see in crime victims that come into contact with your agency? *Will they behave or think differently? Will they have more information so they can make more informed decisions? Will there be an increase or decrease in something?*

Part V: Program Strategies. The problem statement has described the issue(s) to be addressed. Goals/objectives have defined the ends to be achieved. This section will tell us how these ends are going to be accomplished by describing how the **VOCA grant and match funded activities** will be implemented in clear, logical detail and should provide a

clear picture of how the program will operate in order to achieve its goals and objectives.

a. Please check all applicable activities staff hired under this project will be providing to crime victims.

_____ CRIMINAL JUSTICE-RELATED SUPPORT/ADVOCACY (e.g., orientation to the criminal court system, accompaniment to criminal court)

_____ CASE STATUS OR DISPOSITION INFORMATION AND/OR APPEARANCE NOTIFICATION

_____ ASSISTANCE WITH VICTIM IMPACT STATEMENTS

_____ OTHER CRIMINAL JUSTICE SUPPORT/ADVOCACY SERVICES (e.g. assistance with restitution, witness fees, protection services, transportation, child care, property return, or post-sentencing services)

_____ INFORMATION & REFERRAL – IN PERSON

_____ INFORMATION & REFERRAL – TELEPHONE

_____ ASSISTANCE WITH OBTAINING ORDERS OF PROTECTION

_____ OTHER EMERGENCY LEGAL ADVOCACY (non-criminal justice, e.g. filing elder and child abuse petitions)

_____ FOLLOW-UP CONTACT

_____ ASSISTANCE IN FILING COMPENSATION CLAIMS

_____ CRISIS COUNSELING

_____ PERSONAL ADVOCACY

_____ OTHER ACTIVITY (Specify)

_____ OTHER ACTIVITY (Specify)

b. How will the activities you listed in response to item (a) above benefit your target population?

c. How will crime victims be referred to this project?

d. Does staff need to be trained to provide the direct services for this project?

CHECK ONE: _____ YES _____ NO

If YES, what kind of training will they receive, AND who will provide it?

If NO, why not?

Part VI: Implementation Schedule. The implementation schedule should be used as a planning tool for the project and should reflect a realistic projection of how the program will proceed and should indicate: how the **VOCA grant and match funded activities** which will be undertaken to accomplish each objective; who will be responsible for each activity; and the month or week from the start date of the program that you expect to complete each activity. Please use month or week—whichever term seems most appropriate for each activity. Please use the attached implementation schedule form.

Activity	Date Begun	Date Completed	Personnel Responsible	If ongoing, how often?
EXAMPLE				

As a reminder, all procurements must be competitive and all out-of-state travel requires prior Authority approval.

ATTACHMENT 3

Statement of Compliance with VOCA Eligibility Requirements

The applicant certifies that it meets the following eligibility requirements as stated in the Final Program Guidelines published by the Department of Justice, Office of Justice Programs for the Victims of Crime Act (VOCA) Victim Assistance Program:

- The applicant is a public or nonprofit organization and provides services to crime victims.
- The applicant has a record of providing effective services to crime victims including support and approval of its services by the community, a history of providing direct services in a cost-effective manner, and financial support from other sources.
- The applicant will help crime victims apply for compensation.
- The applicant will comply with the applicable provisions of VOCA, the Program Guidelines, and the requirements of the Office of Justice Programs' Financial Guide, which includes maintaining appropriate programmatic and financial records that fully disclose the amount and disposition of VOCA funds received.
- The applicant will maintain statutorily required civil rights statistics on victims served by race, national origin, sex, age and disability, within the timetable established by the Illinois Criminal Justice Information Authority (ICJIA); and permit reasonable access to books, documents, papers, and records to determine whether the recipient is complying with applicable civil rights laws.
- The applicant will abide by any additional eligibility or service criteria as established by the ICJIA including submitting statistical and programmatic information on the use and impact of VOCA funds, as requested by the ICJIA.
- The applicant must use volunteers unless the ICJIA determines there is a compelling reason to waive this requirement.
- The applicant will provide services to victims of Federal crimes on the same basis as victims of state/local crimes.
- The applicant will provide services to crime victims, at no charge, through the VOCA-funded project.
- The applicant will maintain confidentiality of client-counselor information as required by State and Federal law.

- Except as otherwise provided by federal law, no recipient of monies under VOCA shall use or reveal any research or statistical information furnished under this program by any person and identifiable to any specific private person for any purpose other than the purpose for which such information was obtained in accordance with VOCA.
- No person in any state shall, on the grounds of race, color, religion, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, be subjected to discrimination under, or denied employment in connection with any program or activity receiving federal financial assistance.

Name and Title of Authorized Official

Signature

Date

Name of Organization

Address of Organization

ATTACHMENT 4

CERTIFICATION

The applicant certifies:

- (1) that it is not barred from contracting with any unit of state or local government as a result of 720 ILCS 5/33E-3 or 5/33E-4; and
- (2) that it shall notify the Authority's Ethics Officer if the applicant solicits or intends to solicit for employment any of the Authority's employees during any part of the application process or during the term of any contract awarded.

Name and Title of Authorized Representative

Signature

Date

Name of Organization

Address of Organization

ATTACHMENT 5

STATE OF ILLINOIS DRUG FREE WORKPLACE CERTIFICATION

This certification is required by the Drug Free Workplace Act (30 ILCS 580). The Drug Free Workplace Act, effective January 1, 1992, requires that no grantee or contractor shall receive a grant or be considered for the purposes of being awarded a contract for the procurement of any property or services from the State unless that grantee or contractor has certified to the State that the grantee or contractor will provide a drug free workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract or grant payments, termination of the contract or grant and debarment of contracting or grant opportunities with the state for at least one (1) year but not more than five (5) years.

For the purpose of this certification, “grantee” or “contractor” means a corporation, partnership, or other entity with twenty-five (25) or more employees at the time of issuing the grant, or a department, division or other unit thereof, directly responsible for the specific performance under a contract or grant of \$5,000 or more from the State.

The contractor/grantee certifies and agrees that it will provide a drug free workplace by:

(a) Publishing a statement:

- (1) Notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, including cannabis, is prohibited in the grantee’s or contractor’s workplace.
- (2) Specifying the actions that will be taken against employees for violations of such prohibition.
- (3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will:
 - (A) abide by the terms of the statement; and
 - (B) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

(b) Establishing a drug free awareness program to inform employees about:

- (1) the dangers of drug abuse in the workplace;
- (2) the grantee’s or contractor’s policy of maintaining a drug free workplace;
- (3) any available drug counseling, rehabilitation, and employee assistance programs;
and
- (4) the penalties that may be imposed upon an employee for drug violations.

ATTACHMENT 5

- (c) Providing a copy of the statement required by subparagraph (a) to each employee engaged in the performance of the contract or grant and to post the statement in a prominent place in the workplace.
- (d) Notifying the contracting or granting agency within ten (10) days after receiving notice under part (B) of paragraph (3) of subsection (a) above from an employee or otherwise receiving actual notice of such conviction.
- (e) Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted, as required by section 5 of the Drug Free Workplace Act.
- (f) Assisting employees in selecting a course of action in the event drug counseling, treatment, and rehabilitation is required and indicating that a trained referral team is in place.
- (g) Making good faith effort to continue to maintain a drug free workplace through implementation of the Drug Free Workplace Act.

THE UNDERSIGNED AFFIRMS, UNDER PENALTIES OF PERJURY, THAT HE OR SHE IS AUTHORIZED TO EXECUTE THIS CERTIFICATION ON BEHALF OF THE DESIGNATED ORGANIZATION.

Printed Name of Organization

Signature of Authorized Representative

Requisition/Contract/Grant ID #

Printed Name and Title

Date

ATTACHMENT 6

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE COMPTROLLER

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions
(Sub-Recipient)**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 67.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1)The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

Name of Organization

Address of Organization

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

PERSONNEL SERVICES							
<u>Job Title</u>	<u>Annual Salary Year</u>	<u>Annual Salary Year</u>	<u># Months On Program</u>	<u>% Time On Program</u>	<u>Total Cost</u>	<u>Federal Amount</u>	<u>Match Contribute.</u>
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
Total Salary					\$ -	\$ -	\$ -
Fringe Benefits (Use figure from Fringe Benefit Worksheet)					\$ -	\$ -	\$ -
TOTAL PERSONNEL COST					\$ -	\$ -	\$ -

Budget Narrative for Personnel. Please give a brief description for each line of the Personnel Services Budget. (See Attached Instructions in Appendix A and B)

EQUIPMENT						
<u>Item</u>	<u>Cost per Unit</u>	<u># of Units</u>		<u>Total Cost</u>	<u>Federal Amount</u>	<u>Match Contribute.</u>
Computer/Printer	\$ -			\$ -	\$ -	\$ -
Desk	\$ -			\$ -	\$ -	\$ -
Chair(s)	\$ -			\$ -	\$ -	\$ -
Bookcase	\$ -			\$ -	\$ -	\$ -
File cabinet	\$ -			\$ -	\$ -	\$ -
Table	\$ -			\$ -	\$ -	\$ -
Other (Specify)	\$ -			\$ -	\$ -	\$ -
	\$ -			\$ -	\$ -	\$ -
	\$ -			\$ -	\$ -	\$ -
TOTAL EQUIPMENT				\$ -	\$ -	\$ -

Budget Narrative for Equipment. Please give a brief description for each line of the Equipment Budget. (See Attached Instructions in Appendix A and B)

COMMODITIES						
<u>Item</u>	<u>Cost Per Mon</u>	<u># of Months</u>		<u>Total Cost</u>	<u>Federal Amount</u>	<u>Match Contribut.</u>
Office Supplies for Program Staff	\$ -			\$ -	\$ -	\$ -
Supplies for Program Clients	\$ -			\$ -	\$ -	\$ -
Postage	\$ -			\$ -	\$ -	\$ -
Printing/Coping costs	\$ -			\$ -	\$ -	\$ -
Other (Specify)	\$ -			\$ -	\$ -	\$ -
	\$ -			\$ -	\$ -	\$ -
	\$ -			\$ -	\$ -	\$ -
TOTAL COMMODITIES COST				\$ -	\$ -	\$ -

Budget Narrative for Commodities. Please give a brief description for each line of the Commodities Budget. (See Attached Instructions in Appendix A and B)

TRAVEL							
	<u>Cost per Mil</u>	<u>of Miles/ m</u>	<u># of Months</u>		<u>Total Cost</u>	<u>Federal Amount</u>	<u>Match Contribute.</u>
Program Staff Mileage*					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
Conference Travel**	<u>Cost/ person</u>	<u># of people</u>	<u># of days</u>		\$ -	\$ -	\$ -
Airfare					\$ -	\$ -	\$ -
PerDiem					\$ -	\$ -	\$ -
Lodging					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
* State rate is calculated at \$.365/mile. If agency rate is less use that rate							
** Out of State Travel requires prior Authorityapproval.				TOTAL TRAVEL COS	\$ -	\$ -	\$ -

**Budget Narrative for Travel. Please give a brief description for each line of the Travel Budget.
(See Attached Instructions in Appendix A and B)**

CONTRACTUAL								
	<u>Cost per mon</u>	<u># of months</u>	<u>ollar per ho</u>	<u># of hours</u>	<u>ro-rated Sha</u>	<u>Total Cost</u>	<u>Federal</u>	<u>Match</u>
				<u>per month</u>			<u>Amount</u>	<u>Contribute.</u>
Cell Service						\$ -	\$ -	\$ -
Telephone Service						\$ -	\$ -	\$ -
Pager service						\$ -	\$ -	\$ -
Conference Registration Fees						\$ -	\$ -	\$ -
Other (Specify)						\$ -	\$ -	\$ -
Other (Specify)						\$ -	\$ -	\$ -
Use These Boxes for Contractual Personnel						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
TOTAL CONTRACTUAL						\$ -	\$ -	\$ -

Budget Narrative for Contractual. Please give a brief description for each line of the Contractual Budget. (See Attached Instructions in Appendix A and B)

GRAND TOTAL

	Total Cost	Federal <u>Amount</u>	Match <u>Contribute.</u>
PERSONNEL SERVICES	\$ -	\$ -	\$ -
EQUIPMENT	\$ -	\$ -	\$ -
COMMODITIES	\$ -	\$ -	\$ -
TRAVEL	\$ -	\$ -	\$ -
CONTRACTUAL	\$ -	\$ -	\$ -
TOTAL COST	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

All procurements must be competitive

Fringe Benefit Worksheet

Indicate each fringe benefit paid using grant funds, both Federal and Match, for the total salary listed under Personnel Services on the Budget. Indicate whether it is calculated as a percentage of salary, indicate percentage used, or as a flat rate per employee, list dollar amount. Use the dollar amount calculated as the TOTAL FRINGE BENEFITS on this worksheet as the dollar amount on the BUDGET under PERSONNEL SERVICES, under FRINGE BENEFITS.

FRINGE BENEFITS Use for all fringe benefits that are calculated as a % of salary.	% OF FRINGE BENEFITS
FICA	7.65
UNEMPLOYMENT	
RETIREMENT/PENSION	
WORKER'S COMP	
DENTAL/VISION	
HOSPITALIZATION	
TOTAL % FRINGE	Box A

Line A: Total from Total % Fringe Benefits (Box A)

% _____

Line B: Total Salary Paid By Grant (take from Budget, Personnel Service.)

X
\$ _____

Line C: Total Line A multiplied by Total Line B

=
\$ _____

FLAT RATE FRINGE BENEFITS Use for all fringe benefits that are calculated as a Flat Rate per employee.	\$AMOUNT PER POSITON
HEALTH/MEDICAL INS.	
OTHER (SPECIFY)	
TOTAL FLAT RATE FRINGE	Box B

Line D: Total from Total Flat Rate Fringe Benefits (Box B)

\$ _____

Line E: Number of paid positions funded through grant.

If position is not funded 100% include as percent of time on program.

X

Line F: Total Line D multiplied by Total Line E.

=
\$ _____

Line G: Total Line C plus Total Line F. **TOTAL FRINGE BENEFITS**

Place this dollar amount in PERSONNEL SERVICES Section of the BUDGET.

= \$ _____