**PROGRAM NARRATIVE**

 **(Maximum of 30 pages)**

The purpose of this Notice of Funding Opportunity is to fund a Lead Entity applicant to provide core services for victims of sexual assault through grant making to, and monitoring of, sub-grantees. The applicant must possess subject matter expertise and an established record of providing services specific to the VOCA grant, as well as a network of direct service providers, and the monitoring capacity to oversee its sub-grantees.

**Problem Statement**

**A. Describe the problem which demonstrates the need for your proposed program. This may include a description of available indicators on the extent of victimization and services sought in your service area.**

**B. Describe the challenges and barriers to services provided in the community to be served through this program.**

**Agency Capacity and Experience**

1. **Description of Applicant Agency**
2. **Describe your agency’s history and expertise in the provision of services to victims of sexual assault, include information on the network of direct services providers you will fund through this program.**
3. **Besides the services funded through this NOFO, what (if any) other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded activities.**
4. **Describe your agency’s fiscal experience and capacity to manage grants. Include total staff dedicated to all victim services at your organization and all funding sources that support victim service programming. Include quantitative (e.g. size of budget and number of grants) and qualitative (e.g. process and procedure; summary of previous management) descriptions.**
5. **Who will oversee implementation of this funding opportunity? Include titles, duties, primary qualifications and any mandatory training of staff.**
6. **Describe your agency’s plan for program sustainability and include specific activities that address sustainability.**
7. **Grant-making**

The applicant will execute renewal grants for sub-grantees funded through the SFY19 grant making process, and fund applicants seeking initial funding, for SFY20. The applicant will conduct programmatic and fiscal performance reviews of each SFY19 sub-grantee prior to executing the SFY20 twelve-month renewal grants. The applicant will also obtain ICJIA approval of its continuation materials and evaluation criteria prior to soliciting requests.

1. **Describe the renewal process including the assessment of past programmatic and fiscal performance of currently funded programs. Include staff participation in the review process and who will make the final funding decisions.**
2. **Describe the notification and appeal processes for unapproved new or renewal applications.**
3. **Attach continuation materials and evaluation criteria and/or scoring sheets to this application. (Attachment will not affect the 30 page limit.)**
4. **Monitoring of Sub-grantees**

The applicant will monitor sub-grantees to ensure compliance with State and Federal statutes, regulations, and the terms and conditions of the sub-grant agreement. All sub-grantees must comply with Grant Accountability and Transparency Act requirements, submit quarterly data and fiscal reports to the applicant, and be subject to site visits by the applicant. The applicant will make programmatic and fiscal technical assistance available to all sub-grantees during the grant period.

1. **Describe your agency’s monitoring process of sub-grantees, include both programmatic and fiscal monitoring activities.**
2. **Describe your site visit procedures.**
3. **Explain in detail how funds will be vouchered by your agency and how sub-grantees expenditures will be reported.**
4. **Describe the intended technical assistance you will provide sub-grantees that are targeted to your area of expertise.**

**Proposed Sub-grantee Programs**

1. **Check all types of victim services to be provided:**

|  |  |
| --- | --- |
| [ ]  Crisis Counseling | [ ]  Criminal Justice Support/Advocacy |
| [ ]  Follow Up Contact | [ ]  Emergency Financial Assistance |
| [ ]  Therapy | [ ]  Legal Advocacy |
| [ ]  Group Treatment | [ ]  Assistance in Filling Compensation Claims\* |
| [ ]  Crisis Hotline Counseling | [ ]  Personal Advocacy |
| [ ]  Forensic Interviewing | [ ]  Telephone Contacts (Information and Referral) |
| [ ]  Information and Referral (In person) | [ ]  Shelter/Safe house |
| [ ]  Substance Abuse Counseling [ ]  Other (Specify)      \* Assistance in filling compensation claims is **MANDATORY** |
|  |
|  |

1. **For each type of victim service checked above, describe in detail the proposed services and program rationale.**

##

1. **Underserved Populations. Check at least one victim group to be served:**

|  |  |
| --- | --- |
| [ ]  American Indian | [ ]  Lesbian, gay, bisexual, transgender |
| [ ]  Asian | [ ]  People with disabilities |
| [ ]  Black or African American | [ ]  Limited English proficiency |
| [ ]  Elderly | [ ]  Mental health issues |
| [ ]  Hispanic or Latino | [ ]  Substance abuse issues |
| [ ]  Homeless or living in poverty | [ ]  Rural areas |
| [ ]  Immigrants, refugees, or asylum seekers | [ ]  Children  |
| [ ]  Other (specify):       |

1. **Describe the sub-grantee programs for which you are seeking VOCA funds. This must include all direct services to be provided to crime victims with VOCA and match funds.**
2. **Project the number of clients to be served through these funds during the grant period. Explain and justify this projection.**
3. **Describe how your standards and guidelines encourage sub-grantees in serving the needs of the underserved populations identified above and the provision of linguistically and culturally specific services and activities.**
4. **Describe activities that will promote and direct potential clients to the proposed services. At minimum, include method, language(s), venues and past experience in this activity.**
5. **Describe the client referral and intake process used by sub-grantees, including but not limited to intake questions and criteria for acceptance. Also provide justification for these practices.**
6. **Describe how sub-grantees will address identified barriers to accessing services. The response must include a plan to provide the following in sub-grants:**

## A low barrier screening and intake process

## Hours of operation and intake beyond traditional working hours

## Translation and interpretation services

## Transportation support for clients that request this support. This support can include transportation costs and linking victims to transportation providers in order to receive victim services and participate in criminal justice proceedings.

1. **How will staff notify all victims of the VOCA Victims Compensation program?**
2. **Describe how sub-grantees will utilize volunteers.**
3. **Describe how sub-grantees will** **promote community efforts to aid crime victims.**
4. **Aside from issues already discussed, please describe any additional challenges at the community level your sub-grantees may encounter. Explain how your sub-grantees will address those challenges.**
5. **What training needs have been identified for the staff funded under this program? How will they be addressed?**
6. **After reviewing “Trauma and Trauma Informed Care” in the supplied materials, describe how the applicant will assure sub-grantees incorporate each key component and key principles of trauma informed services. Specifically, describe agency trainings provided and how the proposed services implement victim centered approaches and address matters of safety. If the applicant’s services are not currently victim centered and trauma informed, describe the plan to build staff capacity in this area.**

**Implementation Schedule**

*Complete the table below, defining each step in the implementation and operation of the proposed program and detailing the staff position responsible for each task and a target date for completion. Do not use staff names or specific dates. Please add additional lines as necessary.*

|  |  |  |
| --- | --- | --- |
| **Task**  | **Staff Position Responsible** | **Date Due** |
| *Example: Provide technical assistance to sub-grantees*  | *Program Manager* | *Month 1* |
|  |  |  |
|  |  |  |
| Sub-grantees site visits |  |  |
| Submit quarterly data report to ICJIA |  |  |
| Submit monthly fiscal reports to ICJIA |  |  |

**Goals, Objectives and Performance Metrics**

1. **Lead Entity**

The following table depicts objectives linked to performance indicators that show progress toward the proposed program goal. Complete the table by entering ambitious yet realistic numbers for each objective based on your proposed program.

The applicant will be required to submit quarterly data reports reflecting information about these performance measures and may be asked to collect additional measures to track program progress and outcomes. Some objectives may only apply during the first quarter.

|  |
| --- |
| **GOAL:** Through the oversight of sub-grantees,provide victims with core services that 1) respond to their emotional, psychological, or physical needs; 2) help victims of crime to stabilize their lives after victimization; 3) help victims understand and participate in the criminal justice system; and 4) provide victims with a measure of safety and security.  |
| **Objectives** | **Process Performance Measures** |
| Utilize a competitive bidding process open to all sexual assault service providers via Request for Proposals (RFP) for all grantees. | * Number of RFPs reviewed by ICJIA and issued
 |
| Designate \_\_\_% of the grant toward RFPs for innovative pilots, demonstration projects or programs for underserved areas or populations. | * Percentage of RFPs directed toward innovative pilots, demonstration projects or programs for underserved areas or populations
 |
| Develop review panel conflicts of interest protocol and objective scoring system to select sub-grantees. | * Submit summary of any revisions to the review panel protocol previously approved by ICJIA approval or letter indicating no changes were made
* Submit summary of any revisions to the objective scoring system previously approved by ICJIA or letter indicating no changes were made
 |
|  Detail the plan/protocol for monitoring grantee performance, including submission of quarterly data reports and quarterly fiscal reports. | * Submit summary of any revisions to the agency plan/protocol for monitoring of sub-grants previously approved by ICJIA or letter indicating no changes were made
* Percentage of sub-grantees submitting quarterly fiscal reports on time
* Percentage of sub-grantees submitting quarterly data reports on time.
 |
|  Review accuracy of sub-grantee data reports and enter aggregate data into the federal Performance Measurement Tool (PMT) system on a quarterly basis. | * Number of sub-grantee data reports received and reviewed
* Percentage of data reports received that were included in the aggregate PMT report
* Was PMT submission on time?
 |
| Perform a minimum of 50% site visits per sub-grantee during award period (some sub-grantees may require more than the established minimum). | * Submit site visit schedule to ICJIA for approval
* Percentage of sub-grantees subjected to the minimum number of site visits during their award period
* Percentage of sub-grantees exceeding the minimum number of site visits
 |
| Provide a Plan of Corrective Action for all sub-grantees that require such, with \_\_\_% of sub-grantees verifying the correction action was taken within \_\_\_days. | * Number of sub-grantees identified as requiring corrective action.
* Number notified and provided with a Plan of Corrective Action
* Percentage rectifying the corrective action within required timeframe
 |
| All sub-grantees must be in current compliance with Grant Accountability and Transparency Act (GATA) requirements. | * Percentage of sub-grantees in compliance with GATA
 |
| Provide fiscal and programmatic technical assistance to all sub-grantees that request such assistance. | * Type of fiscal and programmatic technical assistance offered by applicant
* Number of sub-grantees that requested fiscal and technical assistance
* Number of sub-grantees receiving such assistance
 |
| Provide trauma-based skills training for staff | * Number of trauma-based skills trainings provided to staff
 |
| Attend all required trainings hosted by ICJIA. | * Number of trainings offered
* Number of trainings attended (attach summary of training and attendees)
 |

1. **Sub-grantees**

Sub-grantees will be required to report on the following objectives and identify the number of clients they aim to serve during the performance period. Objectives should estimate the number of clients that will receive each of the listed services in order to produce meaningful, tangible changes in clients' lives.

Sub-grantee programs selected for funding will be required to submit quarterly data reports reflecting information about these performance measures and may be asked to collect additional measures to track program progress and outcomes.

|  |  |
| --- | --- |
| **Service Objectives**Provide the following services to victims of crime: | **Performance Indicators** |
| # \_\_\_\_\_ clients will receive Criminal Justice Advocacy. | # of clients provided with Criminal Justice Advocacy |
| # \_\_\_\_\_ clients will receive Medical Advocacy. | # of clients provided with Medical Advocacy |
| # \_\_\_\_\_ clients will receive Other Advocacy. | # of clients provided with Other Advocacy |
| # \_\_\_\_\_ clients will receive Family Counseling. | # of clients provided with Family Counseling |
| # \_\_\_\_\_ clients will receive Group Counseling. | # of clients provided with Group Counseling |
| # \_\_\_\_\_ clients will receive In-Person Counseling. | # of clients provided with In-Person Counseling |
| # \_\_\_\_\_ clients will receive Telephone Counseling. | # of clients provided with Telephone Counseling |
| # \_\_\_\_\_ Non-Client Crisis Intervention contacts will be responded to. | # of Non-Client Crisis Intervention contacts responded to |
| # \_\_\_\_\_ clients will receive Transportation. | # of clients provided with Transportation |
| # \_\_\_\_\_ clients will receive Relocation Services. | # of clients provided with Relocation Services |
| # \_\_\_\_\_ clients will receive Language/Interpreter Services. | # of clients provided with Language/Interpreter Services |