



**ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY**

300 W. Adams Street • Suite 200 • Chicago, Illinois 60606 • (312) 793-8550

March 1, 2018

Joseph L. Lulves
Civil Division Chief
Office of the Kane County State's Attorney
Kane County Courthouse
100 South Third Street, 4th Floor
Geneva, Illinois 60134

Dear Mr. Lulves:

The Illinois Criminal Justice Information Authority (ICJIA) is in receipt of your electronic Freedom of Information Act (FOIA) request, dated February 15, 2018, requesting 1) copies of the 17 applications referenced in Director Maki's letter; 2) documents identifying the seven criteria utilized for scoring of applications in the merit based evaluation process and all guidance documents given to evaluators to utilize in scoring the seven criteria; 3) the score sheets of each of the 17 applications; 4) documents used in training evaluators in the merit based evaluation process; and 5) documents establishing when the current merit based evaluation process was adopted.

Our responses to your requests, respectively, are as follows:

- 1) All 17 applications to ICJIA's Victims of Crime Act: Law Enforcement/Prosecution/County-CASA Victim Assistance Program are attached.
- 2) ICJIA's Notice of Funding Opportunity and score sheet template are attached.
- 3) Your request (#3) for score sheets is denied under 5 ILCS 140/7(1)(f) since these are pre-decisional, deliberative communications.
- 4) Presentation slides of a staff training on this program are attached.
- 5) The GATU Grant Application Merit Based Review Uniform Illinois Policy (3/1/16) is attached.

Due to the size of the materials you requested, these materials have been sent by electronic file transfer. Please follow the download instructions in the e-mail message you receive.

You have the right to have the denial of your request reviewed by the Public Access Counselor (PAC) at the Office of the Illinois Attorney General. 5 ILCS 140/9.5(a). You can file your Request for Review with the PAC by writing to:

Public Access Counselor
Office of the Attorney General
500 South 2nd Street



**ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY**

300 W. Adams Street • Suite 200 • Chicago, Illinois 60606 • (312) 793-8550

Springfield, Illinois 62706
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

You also have the right to seek judicial review of your denial by filing a lawsuit in the State circuit court. 5 ILCS 140/11.

If you choose to file a Request for Review with the PAC, you must do so within 60 calendar days of the date of this denial letter. 5 ILCS 140/9.5(a). Please note that you must include a copy of your original FOIA request and this denial letter when filing a Request for Review with the PAC.

Sincerely,

Robin Murphy

Robin Murphy
Deputy General Counsel
300 West Adams Street, Suite 200
Chicago, Illinois 60606
Ph: (312) 793-8550
robin.murphy@illinois.gov

VOCA LAW ENFORCEMENT, PROSECUTION, AND COUNTY-CASA VICTIM ASSISTANCE PROGRAM NOFO Technical Assistance Viewing Certification

1. (untitled)

Mandatory certification of viewing VOCA LAW ENFORCEMENT, PROSECUTION, AND COUNTY-CASA VICTIM ASSISTANCE PROGRAM NOFO Technical Assistance Viewing Certification. Please provide us the following information:

Agency Name

Village of Arlington Heights - Police Department

Staff Name

Sgt. Doug Hajek

Staff email

dhajek@vah.com

**Arlington Heights Police
Department
Community Resources**

Counseling

Alexian Bros. Center for
Mental Health
Arlington Hts.
847.952.7460

Associates in Human
Development Counseling
Rolling Mds.
847.483.0800

Center for Contextual Change
Elmhurst
847.676.4447 X304

Youth Services of Elk Grove
Township
Mt. Prospect
847.981.0373

Arbor Counseling Center
BG/Hoffman Estates
847.913.0393

Children's Advocacy Center
Hoffman Estates
847.885.0100

OMNI Youth Services
BG/Arlington Hts.
847.353.1500

Leyden Family Services/
SHARE Program
Hoffman Estates
847.882.4181

Chicago Metropolitan Battered
Women's Network
Chicago
312.527.0730

WINGS
Palatine
847.221.5680

Alcoholics Anonymous
Elk Grove
847.362.1811

Alanon/Alateen
Palatine
847.358.0338

Gateway
877.505.4673

Families Anonymous
Des Plaines
800.736.9805

Salvation Army Counseling
Arlington Hts.
847.255.2625

A Safe Place
Zion
847.731.7165

LifeSpan
DesPlaines
847.824.0382

Community Crisis Center
Elgin
847.697.2380

NAMI/NW Suburban
847.899.0195

Kenneth Young Center
Elk Grove Village
847.524.8800

Jewish Child & Family Services
BG
847.392.8820

NW CASA
Arlington Hts.
847.806.6526
888.802.8890(24 hour)

PHD
Inverness
847.991.3586

Apnaghar
773.883.4663
773.334.4663(24 hour)

Catholic Charities
Des Plaines
847.376.2100

Core Therapy Assoc.
Schaumburg
847.240.5080

Immigration
Centro de Informacion
Elgin
847.695.9050

Mexican Consulate
Chicago
312.491.8813

Polish Consulate
Chicago
312.337.8166

Catholic Charities
Chicago
312.655.7700

Consumer Law Group
Chicago
877.509.6422

Senior Services
Catholic Charities NW Senior
Services

Arlington Hts.
847.253.5500

Wheeling Township Senior
Services
Arlington Hts.
847.259.7730

Center for Concern
Park Ridge
847.823.0453

Senior Helpline
866.800.1409

Alexian Bros. Medical Center
Senior Services
847.956.5465

Resources for Community
Living
Rolling Meadows
847.701.1554

Dial-A-Bus
847.259.7743

Eldercare Locator
815.227.1144

Chicago Parent Care Solutions
312.388.5950

Nursing Home Hotline
800.252.4343

Council for Jewish Elderly
773.508.1000

Housing
Apnaghar
773.334.4663

Home of the Sparrow
815.271.5444

Fellowship Housing
Hoffman Estates
847.882.2511

Journeys/The Road Home/PADS
Palatine
847.963.9163

Northwest Compass
Mt. Prospect
847.392.8614

WINGS
Palatine
847.221.5680

Housing Authority of Cook
County
Chicago
312.663.5447

Updated October 2016

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|--|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | 207043, 208043, 209043, 210043, 212043, 213043, 214043, 215043, 215243 |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|---|---|
| 22. | Legal Name | Village of Arlington Heights |
| 23. | Common Name (DBA) | Village of Arlington Heights |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 36-6005774 |
| 25. | Organizational DUNS number | 072318629 |
| 26. | SAM expiration date | 02/27/2018 |
| 27. | SAM Cage Code | 1WY22 |
| 28. | Business Address | Street address: 33 S. Arlington Heights Rd City: Arlington Heights State: IL County: Cook Zip + 4: 60005-1403 |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|-------------------------|----------------|
| 29. | First Name | Thomas |
| 30. | Last Name | Hayes |
| 31. | Suffix | |
| 32. | Title | Mayor |
| 33. | Telephone Number | 847-368-5100 |
| 34. | Fax Number | 847-253-2524 |
| 35. | Email address | thayes@vah.com |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|-------------------------|------------------|
| 36. | First Name | Thomas |
| 37. | Last Name | Kuehne |
| 38. | Suffix | |
| 39. | Title | Finance Director |
| 40. | Telephone Number | 847-368-5500 |
| 41. | Fax Number | 847-368-5998 |
| 42. | Email address | tkuehne@vah.com |

Program Agency Information (if different from Implementing Agency)**

| | | |
|-----|-----------------------------------|---|
| 43. | Legal Name | Arlington Heights Police Department |
| 44. | Organizational DUNS number | 072318629 |
| 45. | SAM expiration date | 02/27/2018 |
| 46. | SAM Cage Code | 1WY22 |
| 47. | Business Address | Street address: 1500 Shure Dr City: Arlington Heights State: IL County: Cook Zip + 4:60004-1477 |

| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
|--|--|--|
| 48. | First Name | Doug |
| 49. | Last Name | Hajek |
| 50. | Suffix | |
| 51. | Title | Sergeant |
| 52. | Telephone Number | 847-368-5307 |
| 53. | Fax Number | 847-368-5970 |
| 54. | Email address | dhajek@vah.com |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | Cook Co. IL – Arlington Heights, IL |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 9th State Senate District: 27th State Representative District: 53rd |
| 57. | Primary Area of Performance | Arlington Heights Police Department 1500 N Shure Dr Arlington Heights IL 60004-1477 |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 9th State Senate District: 27th State Representative District: 53rd |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | Law Enforcement/Prosecution-Based Victim Assistance Program |
| 60. | Proposed Project Term | Start Date: January 1, 2018 End Date: December 31, 2018 |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$ 71,934 <input type="checkbox"/> Budgeted Amount:\$ 96,796 <input type="checkbox"/> Match: \$ 17,983 <input type="checkbox"/> Overmatch: \$ 6,879 <input type="checkbox"/> Program Income: \$ 0 <p style="text-align: right;">Total Amount : \$ 96,796</p> Indirect cost rate: _____% |
| Applicant Certification: By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001) (*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p> | | |

| Implementing Agency Authorized Official (Director, President, Chair, or similar position) | | |
|--|--|---|
| 62. | First Name | Thomas |
| 63. | Last Name | Hayes |
| 64. | Title | Mayor of Arlington Heights |
| 65. | Telephone Number | 847-368-5100 |
| 66. | Fax Number | 847-253-2524 |
| 67. | Email address | thayes@vah.com |
| 68. | Signature of Authorized Representative |  |
| 69. | Date Signed | 10/14/2017 |
| Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.) | | |
| 70. | First Name | Thomas |
| 71. | Last Name | Kuehne |
| 72. | Title | Finance Director |
| 73. | Telephone Number | 847-368-5500 |
| 74. | Fax Number | 847-368-5998 |
| 75. | Email address | tkuehne@vah.com |
| 76. | Signature of Authorized Representative |  |
| 77. | Date Signed | 10/14/2017 |
| Program Agency Authorized Official | | |
| 78. | First Name | Gerald |
| 79. | Last Name | Mourning |
| 80. | Title | Chief of Police |
| 81. | Telephone Number | 847-368-5300 |
| 82. | Fax Number | 847-368-5970 |
| 83. | Email address | gmourning@vah.com |
| 84. | Signature of Authorized Representative |  |
| 85. | Date Signed | 10/14/2017 |

** ICJA specific modification to GATA form

PROGRAM NARRATIVE

(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font, double-spaced with 1-inch margins, and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff’s agencies, county states attorney’s offices, and county court appointed special advocate programs.

1. Agency type (check one):

- | | |
|--|--|
| <input type="checkbox"/> County state’s attorney | |
| <input type="checkbox"/> County sheriff’s department | <input type="checkbox"/> Nonprofit agency collaborating with law enforcement or states attorney’s office.* |
| <input checked="" type="checkbox"/> Local police department | |
| <input type="checkbox"/> County CASA | |

*Victim services agencies may apply to provide services within a law enforcement agency or state’s attorney’s office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state’s attorney’s office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- | | |
|--|--|
| <input type="checkbox"/> Expand services into a new geographic area. | <input type="checkbox"/> Offer new types of services. |
| <input type="checkbox"/> Serve additional victim populations. | <input checked="" type="checkbox"/> Continue existing services to crime victims.* |

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and states attorney’s offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

The Victim Services Coordinator (VSC) has been an active participant in the Association of Police Social Workers (APSW). Our VSC is the current APSW President. The APSW brings together social workers and victim advocates employed in the region to brainstorm effective strategies and coordinate efforts to provide services to the larger community. This is necessary, as it is widely acknowledged that crime victims are not bound by jurisdictional limits and as such, brings regional consistency to the services provided. An inter-agency agreement between police departments represented has been emplaced and provides for cooperation and provision of services for one agency by another should a large, catastrophic event take place, or for example one department possesses particular resources not available in another, such as personnel having specific language skills. The VSC has a strong working relationship with the Cook County State's Attorney's Office. She works closely with the misdemeanor and felony prosecutors to criminal cases impacting the VSC's clients. The VSC also maintains collaborative relationships with other, non-governmental agencies such as Catholic Charities, WINGS (Women In Need Growing Stronger), Life Span, and Northwest CASA. These programs and agencies are just a few referral resources that have been accessed when a victim's needs can be better addressed through age appropriate or crime specific after-care services offered.

A. Statement of Problem

1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.

Crime Statistics for Arlington Heights, IL (2013-2016)

Top Three Reported Crimes (Non-traffic related)

Theft/Burglary to Motor Vehicle = 2,506

Criminal Damage/Trespass = 1,271

Battery/Domestic Battery = 906

Arlington Heights is a large mostly residential community with a substantial elderly population. While the largest issue is primarily property crimes, our population generates numerous reports for domestic violence, elder abuse and other crimes of violence. The VSC devotes the vast majority of her time to providing services to victims of these crimes. These crime victims require substantial quantitative/qualitative efforts, which requires much more of the time and expertise of the VSC than those victims of property crimes do. Additionally, it is important to understand that victims in need of service might enter the system as a victim to a lesser crime. This is usually discovered either by the responding officer or when the VSC is reviewing the police reports.

2. Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.

Overall, the residents of the Village of Arlington Heights have a favorable view of the Arlington Heights Police Department (AHPD). The AHPD conducts a Triennial Citizen Survey, which in 2017 resulted in the following information: Among both those who had direct contact with the police and those that did not, Arlington Heights residents indicated a very high level of satisfaction with their police department. The majority—87 percent or more--of residents who had contact with the police rated the competence, demeanor, fairness and courtesy of the officers as a combined “excellent” or “good”. Resident satisfaction leads to a level of community trust, which creates an environment where victims of violence are more willing to reach out for services.

Arlington Heights’ motto is “The City of Good Neighbors”. This is a strength in our

community because it rings true. It is our experience that many victims of crime would never be identified unless someone else reports the victimization. While most victims self-report there are many who feel they are unable to because of fear or they just do not know how. In Arlington Heights, neighbors or other caring residents often discover those victims. In a world where many of us do not even know our neighbors, residents in this community have strong roots and a sense of neighborhood. Additionally, many of our community members have been educated about the victim services provided by the VSC. She has been a presenter at the Arlington Heights Citizen Police Academy since 2004 which includes 26 classes with an average of 24 attendees.

Lack of adequate comprehensive public transportation is a challenge. The temporary Arlington Heights Police Department is located on the north end while the train stations are centrally located. In addition, many clients live on the south end of Arlington Heights where affordable housing is more abundant. They have a difficult time finding or affording transportation to the PD or to the courthouse. The VSC does provide transportation when possible, but the large number of clients serviced can make it difficult.

Victims of crime are not always able or willing to communicate with service providers because of language barriers. While a large majority of Arlington Heights residents are Caucasian there is a substantial Asian and Hispanic community. Additionally, there are a large number of Arlington Heights, IL citizens who are speakers of a non-English language 23.5%, which is higher than the national average of 21%. In 2015, the most common non-English language spoken in Arlington Heights, IL was Polish. Other common single languages spoken by Arlington Heights residents are Spanish, Russian, Korean, other Slavic languages and other Asian languages. This problem is not unique to Arlington

Heights. Coordination and cooperation between service agencies is essential to overcome this challenge, which affects all providers.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

1. Please provide a *brief* description of your entire organization, including unit descriptions and staffing.

The Arlington Heights Police Department is a full service department comprised of 109 sworn officers, supported by 24 non-sworn personnel, that operates on a 24/7 format. The department serves a community of a little over 76,000 residents that is located approximately 25 miles northwest of Chicago. The department provides for the prevention and suppression of crime, as well as responding to any other community needs. The department hopes to achieve its goals by forging and maintaining positive, collaborative relationships with our partners in the community. The department staffs many different bureaus with various responsibilities that are specifically directed to address particular needs in the community. These include the Patrol Bureau, the Criminal Investigations Bureau, the Community Services Bureau, and the Traffic Bureau. Each of the bureaus are further comprised of specialized units and assignments that include the Problem Oriented Policing Unit, the Crime Prevention Unit, the Canine Unit, the Parking Enforcement Section, Animal Welfare Officers, Gang and Vice Unit, and School Resource Officers. The functions of these bureau's differing units and positions should be obvious and constitute the bulk of services provided by the department.

2. What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.

N/A

3. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

| Type of staff | Number of staff |
|--|-----------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 1 |
| Number of managerial staff | 0 |
| Number of administrative support staff | 0 |

4. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.

The program serves Arlington Heights, Illinois, which is located in Cook County.

C. Agency Capacity and Experience

1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

The Village of Arlington Heights has maintained a VSC position since 2003. The position provides a single, consistent point of contact with the police department for victims of crime and acts as an informational conduit and support system for those victims as they navigate the criminal justice system. Specifically, the VSC offers appropriate referrals, crisis counseling, and follow-up services including court advocacy. These follow-up services also encompass activities related to assistance in procuring Orders of Protection for victims of domestic violence or stalking and preparing necessary application for compensation to victims of violent crime through the Crime Victims Compensation program administered through the Illinois Attorney

General's Office. The average number of new clients serviced yearly over the last three VOCA grants is 130. The VCS has served (65) new clients and (48) on-going clients since the inception of our current grant from May 1, 2017 through September 30, 2017. These numbers directly reflect the number of actual clients serviced. We do not consider a person who is left a voicemail, which is never returned, a "serviced" client. Our stats reflect those who have actual contact with the VSC, which results in services rendered, or a referral.

2. If your agency does not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.

N/A

3. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.

The Arlington Heights Police Department has managed a single grant source supporting victim services for several years. We have received VOCA funds for the following grants: 207043, 208043, 209043, 210043, 211043, 212043, 213043, 214043, 215043 and presently 215243. We have successfully managed each grant. The Administrative Sergeant was responsible for all grant management until the responsibilities transferred to the Community Services Bureau Sergeant for grants 215043 and 215243. Funds awarded each year for grants 210043 – 215043 were the same at \$50,462. The present grant funds increased to \$63,078. The process and procedures have remained similar throughout the years even though documentation requirements have changed slightly. The VSC is responsible for supplying statistical data and anecdotal information to the Community Services Bureau Supervisor, who then completes all

VOCA required reporting documents.

4. If funds will be used for a program that is currently operational, explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.

The VCS position is presently 71.6% funded by VOCA funds. The VSC salary only has always been partially funded through VOCA with the remainder of the program financed by the Village of Arlington Heights. Any future VOCA funds will be used similarly in order to maintain the highest level of victim services and improve the existing program.

5. Describe how your agency will financially sustain the program at the end of the three-year funding period.

The Village of Arlington Heights has made the VSC position a priority because of the positive impact the services have on victims of crime in our community. Faced with the public's continued demand for a reduction in costs associated with local government, the Village has responded by not replacing those positions, which were eliminated during the fiscal year 2008-2009. This reduction in staff led to a reduction in services provided to the community in some areas. While the Village's financial position has improved, funds to replace lost services may not be available. Without VOCA funding, the VSC position would have to be fully budgeted for and those funds would come from existing programs. This could further reduce available services to the community, while maintaining the VSC position. The Village of Arlington Heights is committed to maintaining the existing coordinator and program. Since funds awarded have stayed consistent and the salary of the VSC has increased, the percentage of program costs funded by VOCA has decreased. The existing grant funds awarded, which increased by over \$12,000, covers 71.6% of the program costs.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state's attorney's offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:

- a) How victims will be screened for eligibility,
- b) How referrals will be made for services,
- c) How services will be available for all victims of crime,
- d) Location of victim service staff within law enforcement agency or state's attorney's office, and
- e) Coordination of services with other victim service staff.

a) Victims are screened by the VSC, in-person or on the telephone, for eligibility of VOCA related services. For example, the VSC might review a criminal damage to property police report but within the text the victim discloses to the Officer that she believes the person responsible for the damage is an ex-boyfriend. The VSC follows up with this woman and talks more at length about the history of the relationship. The VSC gathers a more detailed account of what lead up to the damage to property report and explores other ways the woman may have been abused by her ex-boyfriend. Oftentimes, these individuals have been being victimized by their domestic partner long before they ever made the property damage report.

b) The VSC then talks with the woman about potential options she might have to protect herself (i.e. Order of Protection, filing a subsequent police report alleging other types of abuse, etc.) and provides appropriate professional emotional support referrals if they are so warranted.

c) The VSC is constantly reviewing countless police reports to make sure no victim of crime is left without services, even when on face value the report title doesn't reflect such a victimization.

d) The VSC is located within the police department. The VSC's office has changed a handful of times over the course of 14 years. The VSC's current office in the temporary police department adjacent to the Criminal Investigations Bureau. The VSC is always easily accessible to law enforcement staff.

e) The current VSC is the sole victim service staff.

2. Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.

Existing services currently provided by the VSC through VOCA funding include:

Court advocacy and support as the victim navigates the criminal justice system.

- Provides case status and disposition as well as court date reminders
- Assist victims in obtaining orders of protection by completing necessary documents and preparing the victim to provide relevant testimony
- Assist in completing victim compensation applications
- Assist in completing victim impact statements
- Explain victim rights – Crime Victim Compensation, Safe Homes Act, V.E.S.S.A., victim impact statements, etc.

Provide information and referrals to crime victims.

- In-person
- Telephonically
- Email

Provide crisis counseling, personal advocacy, and follow-up contact with victims.

Develop collaborative partnerships with local and regional social service agencies and

community organizations.

Complete written reports and client case notes when appropriate.

- Maintain client case files as necessary

Perform other victim/client services as directed or assigned.

Provide transportation when needed.

The above services are services that have been established and maintained since the 2003 inception of our VSC position through VOCA funding. These services continue to be provided on an on-going and consistent basis.

3. Project the number of clients to be served during the grant period. Explain and justify this projection.

The average number of new clients serviced yearly over the last three VOCA grants is 135. The number of new clients serviced from May-September 2017 is 65, which is consistent with the previous three years. We do not anticipate the numbers changing significantly over the next three years. This does not include the large number of on-going clients who require services across multiple years.

4. Describe known barriers to victims accessing victim services and how your agency will address these.

There are several known barriers in Arlington Heights, which were listed previously. Victim identification, language barriers and transportation issues all have an effect on the ability of victims to access services. While one of the community strengths is that neighbors actively identify victims and report that information to the police department, not all victims are identified. Our department does a good job in victim identification after the initial police reports are completed. Those reports are reviewed on several levels before reaching the VSC. If victims

in need of services are not identified during their initial review, the VSC makes that identification during her review. We are researching the possibility of training more officers in victim identification. Victims would then be identified quicker and services could be provided in a more timely manner.

The language barriers are something all agencies have to deal with. Most, if not all, agencies do not have personnel who speak every victim's primary language. The coordination of agencies is the solution. The VSC is aware of the agencies and resources available to help with victim communication and translation. It is important to maintain connection with existing resources and to continue to identify new resources as they become available.

Awareness of existing resources also helps to clear the barrier with regard to insufficient public transportation. There are victims who need services but can't physically get to them with ease due to the lack of transportation options. In these cases, the VSC assists them with transportation. This could range from referring them to another agency with transportation resources to personally taking the victim to court or other service provider. We are always looking to identify those additional resources. Having a licensed, credentialed, and experienced VSC whose sole focus is victim advocacy, helps ensure those barriers are cleared and crime victim's needs are sufficiently met.

5. Describe how the program design will incorporate trauma-informed care, as described in *Attachment 1* of the Notice of Funding Opportunity.

The VSC has been working in the field of victim advocacy for almost 19 years. This has allowed the VSC to be trained in a variety of different forums dedicated to victim services ie. child abuse and neglect, domestic violence, sexual assault, and stalking. The VSC's vast knowledge of trauma work has made her a point person for presentations on topics directly

related to victim service response. For example, the VSC has presented on topics such as “Navigating the Complexities of Domestic Violence and Victim Sensitivity” to the entire Cook County GPS Probation Department, “Collaborate Emergency Response” to the entire Arlington Heights Fire Department, and in the upcoming month will be presenting on “Mandated/Limited Reporter Requirements,” as it relates to reporting child abuse and neglect and elder abuse and persons with disabilities, to the entire Arlington Fire Department.

The VSC’s passion for victim advocacy and support services is a driving force behind her compassionate and humanistic approach to every one of her client victims. The VSC’s main objective is to focus on a client’s strengths and help them move beyond the place of victim to survivor. In order to best serve a client victim and refer them appropriately to the most useful services the VSC must first form a trusted relationship with the victim. This relationship allows the VSC to gather a more accurate assessment of the client’s possible history of abuse or trauma, explore the client’s current social/familial support network, provide education to the client about trauma and what “normal reactions to an abnormal event” might surface in the aftermath of their victimization, and perhaps most importantly let the victim know they are not alone in the recovery process.

6. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim’s involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.

The VSC’s longevity and passionate victim advocacy has been key to providing services to clients even after the court process has ended. Over the last 14 years that our VSC has been working for our police department, some of her previous clients have unfortunately resurfaced as victims of new crimes or life circumstances. These individuals routinely seek out the VSC again

for advice, referrals, assistance, guidance, emotional support, etc. wholly because of the positive interactions they have had with the VSC in the past. Every client victim has similar yet very different needs. The VSC has the uncanny ability to appropriately assess these needs and thus respond to these client needs in a specialized and personal manner.

7. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

See attached (albeit not exhaustive) referral list of providers that the VSC uses frequently for victim clients. The VSC has established a number of professional contacts at many of these agencies. The VSC's ability to network and collaborate with these agencies helps to provide victims with the most updated and reliable services available at any given point in time.

8. Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program.

*Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.

The Crime Victim's Compensation Act is advertised to all persons that enter the police facility contained on posters, fliers, and brochures which are prominently displayed and available in the police department lobby. In addition, as a matter of routine, the VSC makes mention of the compensation program to all victims/clients to which she provides services or with which she has contact. Further, the department complies with state mandate and provides all victims of violent crime as defined by Illinois statute, a written explanation of crime victims' rights, which includes mention of the compensation program.

E. Staffing Plan

1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.

The VSC, a full time employee, fills the role of the single point of contact for the police department to victims of crime. Time budgeted is 100% for VOCA programing. Once a victim is identified as a client, specific services are offered and delivered based on individual client needs. The main location of service is the Arlington Heights Police Department where the VSC office is located adjacent to the Criminal Investigations Bureau. The secondary location is the Cook County Circuit Court-Third Municipal District Rolling Meadows Courthouse where the VSC regularly meets with clients for a variety of court related issues. The program is currently 71.6% funded by VOCA grant resources. The VCS reports directly to the Community Services Bureau Sergeant but works closely with supervisors in both the Patrol and Investigations Bureaus.

2. What are the primary qualifications of program-funded staff (education, language skills, etc.)?

Bachelor's Degree in Social Services or related field and a minimum of 2 years in law enforcement or social service related field or an equivalent combination of education and experience to perform the essential duties of the job. Must also have a willingness to respond to after-hour emergencies, the ability to establish effective and positive working relationships, and the ability to maintain confidentiality. Must further have a knowledge of the criminal justice system, general social service casework objectives, principles, and methods of application, as well as, available community services in the area. Exceptional communication and interpersonal

skills for interactions with victims in crisis, the public, co-workers, and supervisors to exchange and convey necessary information.

3. Describe how cases are coordinated and supervised within the agency.

The VSC reviews police reports daily to identify victims and provide outreach, support, and informational services. Officers also give victims the VSC contact information while in the field. Officers and supervisors alike directly refer identified or potential victims to the VSC via email, phone, and in-person. The VSC is currently supervised by the Sergeant of the Community Services Bureau.

4. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

Our current VSC is a Masters level, licensed clinical professional counselor (LCPC) in the state of Illinois. Due to this licensure it is required that she complete 30 continuing education units (CEUs) every two years. The Department reimburses the VSC's licensure renewal fee and are committed to funding training requests of the VSC. In doing so, it ensures that her skill set stays up to date on emerging trends, research, implementation and care procedures for persons who have experienced complex trauma. The VSC went to a trauma informed response training as recently as September 2016. The VSC's knowledge base of trauma informed response has been influential in the Department's creation and implementation of a Peer Support Program for our officers. Additionally, the VSC trains police staff on victims' rights, new/updated victim related case laws, proper service of protective orders, mandated reporting guidelines, etc., through Department Memorandums, during the annual retaining program and at patrol rollcalls. Staff trauma skills training will take place as part of the annual retraining program or during

individual rollcalls in 2018.

5. What other training needs have you identified for staff funded under this program?

Training is essential to the program staff as the arenas of social service and counseling are ever evolving and dynamic. Training is provided based on needs identified by the VSC, the department, and services requested by crime victims themselves. Training emphasis on domestic violence and counseling remains a primary focus. During this fiscal reporting period, the VSC has attended trainings on multiple topics; Not in My Neighborhood: Response to Sex Assault; Ethics and Cultural Competency; When Dad Hurts Mom: Recovery in Children and Women in Criminal Justice. The VSC also has past work experience and training working with sexually and physically abused children, many of whom have witnessed domestic violence in their home. This experience allows the VSC to extend services and referrals to victims that may have children. The VSC has also been an active member on committees that help plan, organize and deliver some of the local training opportunities.

6. How will you address those training needs? If you are unable to address those needs, please explain why.

The VSC, the Community Services Bureau Sergeant, and the department Training Coordinator will conduct an ongoing review of training needs. This review will integrate various sources of information to ensure the training dollars spent are invested in job-related tasks. These sources include, but are not limited to personal experiences of the VSC, police reports, and consultations with field personnel, input from crime victims, and input from the Chief of Police. The department is also an active member in training organizations such as Northwest Multi-Regional Training, which provides for job-related training that is often approved for certification

by the Illinois Law Enforcement Training and Standards Board. The VSC also attends job-related training sponsored by the Cook County States Attorney's Office and various advocacy groups in the Chicagoland area. This training will continue as it becomes available and remains useful.

7. Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.

We do not utilize volunteers in our programs. The VSC is the only point of contact within the police department with the necessary experience and training to work with victims of crime.

8. Complete chart below by reporting staff by function(s) performed, not by title or location. Also, report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent** |
|---------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| <i>Example: Volunteer Coordinator</i> | .50 | 100 | .5 |
| <i>Example: Advocate</i> | .75 | 50 | .375 |
| Victim Services Coordinator | 1.0 | 100 | 1.0 |
| | | | |
| TOTAL | 1.0 | 100 | 1.0 |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average workweek for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted **if** application is funded.

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|--|-----------------------------------|-----------------------------------|
| <i>Example: Hire Staff</i> | <i>Program Administrator</i> | <i>Month One</i> |
| <i>Example: Train Staff</i> | <i>Training Coordinator</i> | <i>Month One</i> |
| Provide Criminal Justice System related advocacy and support | Victim Services Coordinator | Month One |
| Assist crime victims in obtaining orders of protection | Victim Services Coordinator | Month One |
| Provide "In-Person" and telephone information and referral services to victims of crimes | Victim Services Coordinator | Month One |
| Provide crisis counseling, personal advocacy, and follow-up contact with crime victims | Victim Services Coordinator | Month One |
| Complete written reports, client case notes, and maintain client files as necessary | Victim Services Coordinator | Month One |
| Distribution of victim services brochures | Victim Services Coordinator | Month One |
| Assist in preparation of Crime Victim Compensation applications | Victim Services Coordinator | Month One |
| Provide periodic training to other Department personnel | Victim Services Coordinator | Month One |
| Strategy and Goal compliance review | Victim Services Coordinator | Month One |
| Performance evaluation and appraisal of Victim Services Coordinator | Community Service Bureau Sergeant | Month One |
| Submit quarterly data report to the Authority | Community Service Bureau Sergeant | 15 th of every quarter |
| Submit quarterly fiscal reports to the Authority | Community Service Bureau Sergeant | 15 th of every quarter |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

Tracks I and II Goals, Objectives, and Performance Measures:

| Goal: To provide advocacy services to victims of crime. | |
|---|--|
| Objective | Performance Measure |
| <i>SCREENING</i> | |
| 375 victims screened for eligibility by your agency. 325 clients will be provided services by your agency. | # of victims screened for eligibility by your agency. # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred. # of clients provided services by your agency. |
| <i>INFORMATION & REFERRAL</i> | |
| 168 clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. |
| 144 clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. |
| 12 clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred. # of times staff provided referrals to other victim service providers. |
| 96 clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # ___ clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, supports, and resources. |

| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
|--|---|
| 0 clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| 24 clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| 12 clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |
| (N/A) clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance. |
| 24 clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| 24 clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| (N/A) clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| (N/A) clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |

| | |
|--|---|
| | application). |
| (N/A) clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| 96 clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| <i>SHELTER/HOUSING SERVICES</i> | |
| (N/A) clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| 144 clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | # of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events. |
| 3 clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| 1 client will receive assistance with restitution. | # of clients provided assistance with restitution. |
| 60 clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |
| 120 clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal |

| | |
|---|---|
| | advocacy/accompaniment. |
| <i>REQUIRED TRAININGS</i> | |
| 1 staff will receive training on trauma | # of staff trained # of trainings on trauma held |

Additional Track II Goals, Objectives, and Performance Measures:

| | |
|--|---|
| <i>REQUIRED TRAININGS</i> | |
| (N/A) of individuals interviewed to become a CASA volunteer. | # of individuals interviewed to become a CASA volunteer. # of individuals offered a volunteer CASA position. |
| (N/A) of volunteer trainings to be held. | # of volunteer trainings held. # of volunteers trained. |
| (N/A) of current CASA volunteers. | # of current CASA volunteers. |
| (N/A) of cases to be reviewed and assigned to advocates. | # of cases reviewed and assigned to advocates. # of clients served by advocates. # of supervision meetings held with advocates. |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

- 1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.**
B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

- 2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

- 2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

- 4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
 Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 Complies with other statutory policies (*please specify*):

The Restricted Indirect Cost Rate is _____%

- 5) No reimbursement of Indirect Cost is being requested. (*Please consult your program office regarding possible match requirements*)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|---------|
| Period Covered by the NICRA: | _____ |
| Approving Fed/State Agency (please specify): | _____ |
| The Indirect Cost Rate is: | _____ % |
| The Distribution Base is: | _____ |

| | | | |
|--|--|---|---|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Village of Arlington Heights | DUNS#: 072318629 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: Jan. 1, 2017 - Dec. 31, 2017 |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

| Implementing Agency | | Program Agency |
|---|--|---|
| Village of Arlington Heights Name of Applicant Institution/Organization | Village of Arlington Heights Name of Applicant Institution/Organization | Arlington Heights Police Department Institution/Organization |
| _____ Signature | _____ Signature | _____ Signature |
| Thomas W. Hayes Name of Official | Thomas F. Kuehne Name of Official | Gerald S. Mourning Name of Official |
| Mayor of the Village of Arlington Heights Title Chief Financial Officer (or equivalent) | Finance Director Title Executive Director (or equivalent) | Chief of Police Title Executive Director (or equivalent) |
| _____ Date of Signature | _____ Date of Signature | _____ Date of Signature |

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | |
|--|-------------------------------------|---------------|--------|---|
| Grantee (or Subgrantee) DUNS: | 72318629 | | | |
| Grantee (or Subgrantee) Name: | Village of Arlington Heights | | | |
| Grantee (or Subgrantee) DBA: | Arlington Heights Police Department | | | |
| Grantee (or Subgrantee) Address: | 33 S. Arlington Heights Rd | | | |
| City: | Arlington Heights | State: | IL | Zip+4: 60005-1403 Congressional District: 9th |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | |
| City: | Arlington Heights | State: | IL | Zip+4: 60005-1403 Congressional District: 9th |
| Grant #: | Award Amount: | \$ | 71,934 | Project Period: Jan. 1, 2017 - Dec. 31, 2017 |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | |
| CSFA Short Description: VOCA FFY16 | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | |
| Yes <input type="checkbox"/> If yes, you are not required to provide data. | | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | |
| Please provide names and total compensation of the top five officials: | | | | |
| Name: | | Amount: | | |

Section C - Budget Worksheet & Narrative

1). Personnel (Salaries & Wages) (2 CFR 200.430) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Name | Position | Computation | | | | Federal/State Amount | Match | Total Cost |
|--------------------|------------------------------------|----------------|---------------------|-----------|------------------------------|----------------------|---------------------|---------------------|
| | | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Quantity (based on Yr/Mo/Hr) | | | |
| <i>Kristin Eby</i> | <i>Victim Services Coordinator</i> | \$ 89,917 | Yr | 100.00% | 1.00 | \$ 71,934 | \$ 17,983 | \$ 89,917 |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| Total | | | | | | \$ 71,934.00 | \$ 17,983.00 | \$ 89,917.00 |

Personnel Narrative:

- VSC Eby is the only employee under the VOCA grant. She is a full-time employee with a yearly salary (2018) of \$89,917. This salary reflects a 2.0% cost of living increase which covers Jan. 1, 2018 - Dec. 31, 2018

Section C - Budget Worksheet & Narrative

3). **Travel** (2 CFR 200.474)-- Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. **NOTE:** Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the contractual category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

Column G ("Basis") defines the quantity being measured. For example, if your expense is two nights in a hotel, the basis is "Nights." If the expense is 300 miles, the basis is "Miles."

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Purpose of Travel (brief description) | Location | Computation | | | | | | Federal/State Amount | Match | Total Cost |
|--|----------|-------------|-----------|----------|-------|---------|--------------|-------------------------|-------|------------|
| | | Items | Cost Rate | Quantity | Basis | # Staff | # of Trips | | | |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | <i>Total</i> | \$ - | \$ - | \$ - |

Travel Narrative:

- No funds will be requested for travel.

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|--------------------------------|-----------------------------|---------------------|---------------------|
| 1. Personnel | \$ 71,934.00 | \$ 17,983.00 | \$ 89,917.00 |
| 2. Fringe Benefits | \$ - | \$ 6,879.00 | \$ 6,879.00 |
| 3. Travel | \$ - | \$ - | \$ - |
| 4. Equipment | \$ - | \$ - | \$ - |
| 5. Supplies | \$ - | \$ - | \$ - |
| 6. Contractual Services | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. Indirect Costs | \$ - | \$ - | \$ - |
| TOTAL PROJECT COSTS | \$ 71,934.00 | \$ 24,862.00 | \$ 96,796.00 |

Section C - Budget Worksheet & Narrative

5. Supplies (2 CFR 200.94) --List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Supply Items | Computation | | | Federal/State Amount | Match | Total Cost |
|--------------|-----------------------|------|---|----------------------|-------|------------|
| | Quantity/ Duration | Cost | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| <i>Total</i> | | | | \$ | - | \$ |
| | | | | - | \$ | - |
| | | | | \$ | - | \$ |
| | | | | - | \$ | - |

Supplies Narrative:

- No funds will be requested for supplies.

Section C - Budget Worksheet & Narrative

6. Contractual Services (2 CFR 200.318) & Subawards (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88). **However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information.** This budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | | | Federal/State Amount | Match | Total Cost | | | |
|--------------|----------------|-------|----------------|---|----------------------|-------|------------|---|----|---|
| | Cost per Basis | Basis | Length of Time | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| Total | | | | | \$ | - | \$ | - | \$ | - |

Contractual Narrative:

- No funds will be requested for Subawards, Contracts or Vendors.

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| | | | | | \$ - |

Indirect Cost Narrative:

No funds will be requested for indirect costs.

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Village of Arlington Heights
Institution/Organization

Village of Arlington Heights
Institution/Organization

Signature

Signature

Thomas W. Hayes
Name of Official

Gerald S. Mourning
Name of Official

Mayor of Arlington Heights
Title
Chief Financial Officer (or equivalent)

Chief of Police
Title
Executive Director (or equivalent)

Date of Signature

Date of Signature

| | | | | | |
|--|--|---|--|--|--|
| ICJIA Agency Approval | | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Village of Arlington Heights | | DUNS#: 072318629 | | NOFO ID: 1474-361 | |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 | |
| | | | | Grant #: Project Period: Jan. 1, 2017 - Dec. 31, 2017 | |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.

4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.

5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.

- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|--|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | 214161, 215041 |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |

| | |
|---|--|
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | |
| 20. | Competition Identification Number |
| 21. | Competition Identification Title |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|---|--|
| 22. | Legal Name | (Name used for DUNS registration and grantee pre-qualification.) County of Cook |
| 23. | Common Name (DBA) | County of Cook |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 36-6006541 |
| 25. | Organizational DUNS number | 00-552-5829 |
| 26. | SAM expiration date | 01/26/2018 |
| 27. | SAM Cage Code | 49W76 |
| 28. | Business Address | 118 N. Clark, Room 537 Chicago Illinois Cook County 60602-1311 |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|-------------------------|---|
| 29. | First Name | Toni |
| 30. | Last Name | Preckwinkle |
| 31. | Suffix | |
| 32. | Title | President of the Cook County Board of Commissioners |
| 33. | Telephone Number | (312) 603-6400 |
| 34. | Fax Number | (312) 603-6400 |
| 35. | Email address | Pamela.cummings@cookcountyil.gov |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|-------------------------|----------------------------------|
| 36. | First Name | Lawrence |
| 37. | Last Name | Wilson |
| 38. | Suffix | |
| 39. | Title | Cook County Comptroller |
| 40. | Telephone Number | (312) 603-5601 |
| 41. | Fax Number | (312) 603-6122 |
| 42. | Email address | Lawrence.wilson@cookcountyil.gov |

Program Agency Information (If different from Implementing Agency)**

| | | |
|-----|-----------------------------------|--|
| 43. | Legal Name | (Name used for DUNS registration.) Office of the Cook County State's Attorney |
| 44. | Organizational DUNS number | 61-708-6129 |
| 45. | SAM expiration date | 09/18/2018 |
| 46. | SAM Cage Code | 38WA7 |
| 47. | Business Address | 69 W. Washington, suite 3200 Chicago |

| | | |
|--|---|--|
| | | Illinois Cook County 60602-3174 |
| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
| 48. | First Name | Nicole |
| 49. | Last Name | Kramer |
| 50. | Suffix | |
| 51. | Title | Director of Programs and Development |
| 52. | Telephone Number | (312) 603-1879 |
| 53. | Fax Number | (312) 603-9680 |
| 54. | Email address | Nicole.kramer@cookcountyil.gov |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | (If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.) Cook County |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 7th State Senate District: 3rd State Representative District: 6th |
| 57. | Primary Area of Performance | (This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.) 2650 S. California, Chicago, Illinois 60608-5123 |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 7th State Senate District: 11th State Representative District: 21st |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | (Text only for the title of the applicant's project.) Victims Of Crime Assistance Program |
| 60. | Proposed Project Term | Start Date: January 1, 2018 End Date: December 31, 2018 |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$ <input type="checkbox"/> Budgeted Amount: \$1,500,000.00 <input type="checkbox"/> Match: \$375,000.00 <input type="checkbox"/> Overmatch: \$11,984.00 <input type="checkbox"/> Program Income: \$0 <p style="text-align: right;">Total Amount : \$1,886,984.00</p> Indirect cost rate: 0% |
| Applicant Certification: | | |
| By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001) | | |

(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

I agree

Implementing Agency Authorized Official (Director, President, Chair, or similar position)

| | | |
|-----|--|--|
| 62. | First Name | Toni |
| 63. | Last Name | Preckwinkle |
| 64. | Title | President Cook County Board of Commissioners |
| 65. | Telephone Number | (312) 603-6400 |
| 66. | Fax Number | (312) 6003-6400 |
| 67. | Email address | Pamela.cummings@cookcountyl.gov |
| 68. | Signature of Authorized Representative | [Redacted] |
| 69. | Date Signed | 10/13/17 |

Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.)

| | | |
|-----|--|---------------------------------|
| 70. | First Name | Lawrence |
| 71. | Last Name | Wilson |
| 72. | Title | Cook County Comptroller |
| 73. | Telephone Number | (312) 603-5601 |
| 74. | Fax Number | (312) 603-6122 |
| 75. | Email address | Lawrence.Wilson@cookcountyl.gov |
| 76. | Signature of Authorized Representative | [Redacted] |
| 77. | Date Signed | 10/12/2017 |

Program Agency Authorized Official

| | | |
|-----|--|--------------------------------|
| 78. | First Name | Kimberly |
| 79. | Last Name | Foxx |
| 80. | Title | Cook County State's Attorney |
| 81. | Telephone Number | (312) 603-1879 |
| 82. | Fax Number | (312) 603-9689 |
| 83. | Email address | statesattorney@cookcountyl.gov |
| 84. | Signature of Authorized Representative | [Redacted] |
| 85. | Date Signed | 10/12/17 |

** ICJIA specific modification to GATA form

PROGRAM NARRATIVE

(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font and **double-spaced** with 1 inch margins and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- County state's attorney
- County sheriff's department
- Local police department
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

*Victim services agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Offer new types of services.
- Serve additional victim populations.
- Continue existing services to crime victims.*

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

Victim Specialists work in close collaboration with Chicago Police and law enforcement officers from all 134 suburban police forces. Significant places of contact include the various points of entry for cases into the criminal justice system. Specialists work with law enforcement when victims are no longer in the system and require law enforcement assistance to find them.

Specialists assigned to Branch 66 (Homicide/Sex Unit), Bond courts, and Screening have crucial contact with law enforcement officers. Specialists work in formalized relationships with staff from various advocacy agencies including but not limited to: Rape Victim Advocates, Domestic Violence Advocates, and Chicago Survivors. In addition to operating within day to day structures, leaders from the Victim Witness Unit, the Cook County State's Attorney's Office, Chicago Police Department, other law enforcement, advocacy and social service agencies meet in a variety of formal and regularly scheduled meetings. The Cook County State's Attorney's Office has received support from the following: Chicago Children Advocacy Center, Commander Hope of the Dalton Police Department, Metropolitan Family Services, Between Friends, Juvenile Probation, and Crisis Center of South Suburbia. Please see Section D, Question 7 for an augmented discussion of our collaborative partnerships.

A. Statement of Problem

- 1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.*

According to the 2015 Illinois Census Bureau, the total population of Illinois is 12,897,025. Cook County accounts for 41% of that total population, with a total population estimate of 5,246,456. Cook County includes the city of Chicago and over 130 jurisdictions. A diverse population center, Cook County boasts residents of diverse racial, ethnic, religious, and socioeconomic backgrounds. In addition to English, 24.7% Cook County residents speak Spanish, 2.6% speak Polish, with an increasing 2% speaking Arabic, Chinese, and Ukrainian.

According to the 2016 Crime in the United States report released by the Federal Bureau of Investigation, in 2016 an estimated 1,248,185 violent crimes occurred nationwide. This is an increase of 4.1% from the 2015 estimate. When considering 5- and 10- year trends, the estimated

violent crime total was 2.6% above the 2012 level. The 2016 violent crime rate rose 3.4% when compared with the 2015 estimated violent crime rate. In 2016 in all of the U.S. the following are the breakdown of violent crimes reported to law enforcement: aggravated assaults 64.3%, robbery offenses 26.6%, rape 7.7%, and murder 1.4%.

According to the 2015 Illinois State Police Crime in Illinois report, the total of all counties within Illinois reported 295,993 criminal offenses, which included; criminal homicide, rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, arson, and sex acts. Cook County reported a total of 153,604 criminal offenses for 2015, accounting for 51.9% of all criminal offenses reported for the entire state. Each criminal offense represents a minimum of one crime victim. The Office of Victims of Crime identifies the phenomenon of “ripple effect,” whereby the impact of the crime spreads beyond the immediate victim to include secondary victims throughout the family, friendship network, and community. Internal data confirms that in addition to the immediate victim, between one and forty others are profoundly affected by the single criminal act. All these victims—immediate and collateral—present with profound needs seeking assistance and support from the Cook County State’s Attorney’s Office (SAO), Victim Witness Unit. The large percentage of crimes occurring in Cook County places a significant burden on the SAO for the demand for victim services. The standard needs of crime victims require attention from Victim Specialists who will provide crucial education about the court system, information about victims’ rights, crisis intervention, as well as additional services and resources to victims as their needs dictate.

The experience of crime victimization includes dynamics general to all types of crime. These general dynamics include an increased sense of vulnerability, loss of control, disorientation, anger, sadness/depression, and the sense that the world as one knew it is forever

changed. In addition to these general dynamics, victims of gun violence, homicide, domestic violence, and sexual assault experience issues unique to the type of victimization.

The Gun Violence in Chicago report shows that guns were used in the commission of 90 percent of homicides in Cook County.¹ The use of a gun in any crime enhances the level of physical and psychological impact on immediate and secondary victims. These resulting physical and psychological consequences make the experience of participating within the criminal justice system more complex.

The unique population of homicide survivors report a distinct experience of emotions such as feelings of complicated grief, guilt, anger, fear, and loss of self-identity. Survivors of homicide can be categorized into two groups: primary victims and secondary victims. Primary victims include those who are directly affected by the loss of the victim while secondary victims are those who are affected by the loss that their loved one has suffered. The number of homicide survivors, both primary and secondary, far exceeds the number of actual homicide victims. The actual figure of “hidden victims” impacted by homicide is large and difficult to accurately count when the victim’s family, neighbors, and friends are considered. Research has shown that a single homicide case can have up to 50 “hidden victims,” many of whom become involved in the criminal justice system at various stages of the legal process. Since the number of survivors requiring services continues to be high, these victims remain a priority of the SAO.

Victim Specialists will address survivors of gang-related homicides not only because of the large number of gang-related homicides that occur in Cook County, but also because gang-related victimization has a compounding deleterious effect on homicide survivors. Gang-related homicide survivors generally live with and/or among the perpetrators, often resulting in

¹ The Board of Commissioners of Cook County, “Gun Violence in Chicago Report,” *Daily Herald* 5 Oct. 2015, illinoiscarry.com, Web, 12 Oct 2017.

intimidation and fear of possible retaliation if they cooperate with authorities. This is why assistance provided at the court level is so important.

Domestic violence accounts for 39.9% of the total offenses reported for Cook County; this means that of the 153,604 criminal offenses recorded in 2015, 61,334 involved acts of domestic violence. This number represents an increase compared to the 59,781 domestic crimes reported in 2014. Though these numbers seem high, historically women victims of domestic violence and sexual assault often under report incidents to law enforcement. Several factors influence under reporting: terror, concerns about being believed, embarrassment, self-blame, self-hate, concerns about the justice system, feeling trapped in the relationship with the abuser, economic dependence, and a lack of support from friends and family may all contribute to low crime reporting rates. In order to hold offenders accountable, it is important to have the victims participate during the duration of a court case. When a victim makes the decision to follow through with criminal charges, these same factors reinforce the need for victim services. Having Victim Specialists assisting and supporting the victim through the court process can ease some fears about the process and give the victim valuable support and resources necessary to help heal from the victimization.

The justice system is a critical component in a comprehensive response to sexual assault. It is necessary for offender accountability and public safety, yet can also be an important part of the healing process for those victimized by sexual assault. However, sexual assaults are some of the most difficult crimes to investigate and prosecute within this system. According to the Illinois State Police's Crime in Illinois in 2015 report, 1,431 forcible rapes were reported in the Chicago area alone; a figure which does not include criminal sexual abuse and other sex crimes. The alarming rate in which this violence occurs is also reflected in national studies. The Centers

for Disease Control (CDC) published the National Intimate Partner and Sexual Violence Survey in late 2011, finding that nearly 1 in 5 women (18.3%) and 1 in 71 men (1.4%) in the U.S. have been raped at some time in their lives.

Specialist working in the courtroom experience a large number of child sexual abuse. The prevalence of child sexual abuse is difficult to determine because it is often not reported, however, experts agree that the incidence is far greater than what is reported to authorities. According to the National Center of Victims of Crime, 1 in 5 girls and 1 in 20 boys is a victim of child sexual abuse. Self-report studies show that 20% of adult females and 10% of adult males recalls a childhood sexual assault or sexual abuse incident. During a one-year period in the United States, 16% of youth ages 14 to 17 had been sexually victimized. Over the course of their lifetime, 28% of U.S. youth ages 14 to 17 had been sexually assaulted. Children are most vulnerable to child sexual abuse between the ages of 7 and 13.

According to the 2016 Census Bureau, immigrants make up 21.2% of Cook County's population; additionally 35.6 % of Cook County's population that do not speak English well. Offenders may take advantage of the fact that immigrants have little or no knowledge of the U.S. criminal justice system keep crime victims' rights and fear the Immigration and Naturalization Service and use these as tools to manipulate them. When paired with a lack of resources, it is reasonable to conclude that a language barrier will not only compound reluctance to participate within the criminal justice system, but may further aggravate the effects of crime victimization commonly experienced by English-speaking victims. When experiencing trauma, it is easier for a victim to communicate in their native language. Victim Specialists with multiple language skills will provide translation for victims whose primary language is not English. The language barrier removed, we anticipate increased understanding of the criminal justice system and willingness to

follow through with criminal charges.

2. *Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.*

Cook County's diversity is truly one of her greatest assets. Cook County's diverse community means that there are many perspectives and voices to bring to the table when working to combat problems of increased community violence. Likewise, this diversity presents great challenges with respect to offering an equitable array of services to those of different language, racial, ethnic, and age groups. The County is richly resourced in large universities and research centers that have a long history of collecting data chronicling patterns of violence; however, connections between these various groups is often fragmented, accounting for poor communication, duplication of efforts, and critical data falling through the cracks. Cook County includes five nationally recognized medical centers as part of the total 56 general medical and surgical hospitals, including children's hospitals. Each of these medical centers supports trauma based research and are an asset to efforts in provide state of the art services to crime victims. Cook County's large geographical spread also presents a challenge to finding equitable resources for victims in both quantity and quality. While there are many programs that offer targeted or specialized services to crime victims in specific locations throughout the county, the VWU of the SAO is the only program that offers comprehensive services to victims countywide.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

1. *Please provide a brief description of your entire organization, including unit descriptions and staffing.*

The Cook County SAO is the second largest prosecutor's office in the nation and the largest in Illinois. The Office currently consists of 732 Assistant State's Attorneys, 99 Investigators, 387 Administrative staff, and six Support staff. In a jurisdiction with a population

of approximately 5.25 million residents, the SAO is responsible for prosecuting all felony and misdemeanor cases within its borders. According to the 2015 Annual Report of the Illinois Courts Statistical Summary, 29,589 new felony cases and 122,379 new misdemeanor cases entered the court system that year. The SAO is divided into seven specialized bureaus that include Criminal Prosecutions, Narcotics Prosecutions, Special Prosecutions, Civil Actions, Juvenile Justice, Investigations, and Administrative Services. A full-time investigative staff and specially-trained Victim Specialists support our prosecution efforts.

2. *What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.*

As one of the largest prosecutorial-based victim services unit in the nation, the Victim Witness Unit employs Victim Specialists trained to provide services to all crime victims. Victim Specialists serve in nine courthouses throughout the Cook County criminal justice system. The type of victims served by Victim Specialists varies according to the location of assignment and/or Bureau. The Victim Witness Unit also provides monthly support groups for English and Spanish-speaking survivors of homicide and an annual Victim Memorial Service held as a tribute to homicide victims.

In addition to the service array offered by the Victim Witness Unit, the SAO prosecutes all misdemeanor and felony cases charged within Cook County. The Office has developed specialized, multidisciplinary units focused on investigating and prosecuting human trafficking, campus rape, domestic violence, and sexual assault. Each of these prosecution models includes a victim advocacy component or non-VOCA supported Victim Specialist who works in close collaboration with VOCA-supported Victim Specialists within the Victim Witness Unit. For example, the Human Trafficking Coordinator attends a bi-monthly Sexual Assault Roll Call triage meeting within the VW Unit. The VOICES (campus rape) Coordinator consults with

VOCA-supported Victim Specialists around projects, initiatives, and charged cases. Every VOCA-supported Victim Specialist works with Assistant State’s Attorneys who prosecute “victim” cases. The Office also supports Balanced and Restorative Justice Programs through the Juvenile Justice Bureau, which rely on the inclusion of victims for success. VOCA-supported Victim Specialists often work with victims, preparing them for peace circles and other Balanced and Restorative Justice initiatives.

3. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

| Type of staff | Number of staff |
|--|-----------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 50 |
| Number of managerial staff | 5 |
| Number of administrative support staff | 0 |

4. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.

Cook County, Illinois

C. Agency Capacity and Experience

1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

The SAO Victim Witness Assistance Unit (VWU) was created in 1981 with the guiding philosophy that victims should be afforded their place in the criminal justice system, informed about the status of their case, supported as the legal process proceeds, and referred to outside agencies and support groups, when needed. The mission of the SAO Victim Witness Assistance Unit is to enhance prosecution efforts by delivering the highest quality of services to victims in the areas of advocacy and court support. Our outreach efforts are immediate, and our response is

respectful, professional, thorough, and consistent.

In 2016, the VWU provided services to over 80,000 cases. Each case includes at least one victim. Many have more than one. Providing services to crime victims is an essential focus of the SAO and is required under state and federal crime victims' rights laws. Serving victims is our highest priority and our most important obligation. The Illinois Rights of Crime Victims and Witnesses Act mandate that we provide victims with case information, court support, and social service referrals. In 1999, the U.S. Department of Justice honored the SAO VWU with its National Crime Victim Service Award, the only prosecutor's office in the country to be so honored at that time. Since then we have striven to improve our efforts to provide victims the most professional service possible. We know the journey through the criminal justice system can be confusing and frightening for crime victims. Victim Specialists make this journey a bit easier through provision of trauma informed direct services, information, and referrals.

Serving tens of thousands of victims across the county, our Unit is one of the largest and most comprehensive prosecutor-based victim advocacy operations in the country. Equipped to meet the needs of all victims, Victim Specialists serve victims in nine separate courthouses. We currently have on staff content area experts who address the specific needs of the disabled, LGBT, veterans, and senior communities as well as in relocation, travel, and compensation. Victim Specialists are also trained in the areas of relocation, travel, and compensation. Services are available in Spanish and Polish through our bilingual Victim Specialists. Special courtroom tours for child victims and their parents can be scheduled in advance of court dates in order to familiarize the victims with the room in which they will later testify. A typical day for a Victim Specialist will include accompanying victims and their family members to court; answering questions about the court process; assisting with the preparation of Victim Impact Statements;

intervening on behalf of victims with landlords, employers and schools; assisting families in seeking counseling, safety planning, writing an order of protection, addressing a victim's crisis, and assisting victims in preparing Crime Victims' Compensation forms.

Besides providing in-person court support, Victim Specialists co-facilitate (with a licensed therapist) three monthly homicide support groups. The support groups, offered to those who have lost a loved one to homicide, not only provide a needed outlet for the range of emotions that accompany a traumatic loss, but they also offer basic court information and answers to other questions about the criminal justice system.

In 2016, Specialists worked on thousands of cases. Following are case examples drawn from their work. The first example involves a victim who was dating the defendant. The defendant was charged with aggravated domestic battery and unlawful restraint. In July, 2017 the victim and defendant were at her apartment and a verbal altercation began. The defendant began to strike the victim in the face with his fist, placed a knife to her neck, and threatened to kill her if she called the police. The defendant proceeded to grab the victim, tearing her underwear and throwing her into the bathroom tub. He poured scalding hot water on her face. The defendant prevented her from leaving the apartment by taking her cell phone and threatening her with the use of force. The victim was taken to Holy Cross Hospital and treated for blunt head trauma/closed head trauma, facial contusions, and a concussion; the victim will need follow up treatments. The Specialist reached out to the victim and explained that the SAO will be proceeding with felony charges. The Specialist further informed the Assistant State's Attorney needed her to come to court to testify at a preliminary hearing. The Specialist told the victim what to expect on the court date, advising the victim the defendant will be present in the courtroom. During the conversation, the victim expressed she was afraid of the defendant. The

Specialist advised the victim that there is a "safe room" at the domestic violence courthouse where she could wait before the hearing so that she does not need to be around the defendant. At the preliminary hearing, the Specialist assisted the victim in obtaining an emergency Order of Protection as well as, provided the victim with the victim compensation packet, the victim's rights act, victim information sheet, Violation Order of Protection sheet, and an Automatic Victim Notification notice along with a copy of her emergency no-contact order of protection.

Another case involves the murder trial of two adult women; one of the victims was a cousin to the defendant and the other the first victim's wife. This case involved English and Spanish speaking surviving members. One Specialist worked with the surviving family members of the Spanish-speaking victim. Another Specialist worked with the English speaking family member. During the many years of case pendency, the Specialists called family members after every court date. When they attended court, the Specialist accompanied them to provide emotional support and answered questions. Prior to the trial, the Specialists called to confirm logistics with the families. On each day of the trial, the Specialists met family members in the Victim-Witness Office or in the courtroom. During testimony, the Specialist who spoke Spanish sat with the Spanish-speaking surviving family members translating the proceedings from English to Spanish. Both Specialists provided emotional support. Specialists provided letters for family members' employers and put the names of family members on the parking list. After the guilty verdict was rendered, the Specialists explained the victim impact statement and the process involved in completing one.

- 2. If your agency not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.*

The SAO Victim Witness Unit has provided victim services, including crisis intervention

and case management services for the victims of Cook County since 1981.

3. *Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.*

The Office's Programs and Development Unit (PDU) staff work with the Director of the Victim Witness Unit to secure funds needed to maintain and develop innovative programs designed to address the most critical needs of crime victims. For over 20 years, the PDU has applied for and managed all aspects of the Office's grants, including state, federal, and private grant awards; we currently handle 25 grant awards which total almost \$11 million. We currently receive funding from the Illinois Criminal Justice Information Authority, the Office of the Illinois Attorney General, Illinois Department of Children and Family Services, the Office on Violence Against Woman, the Office of Juvenile Justice and Delinquency Prevention, and the Bureau of Justice Administration. The staff of the PDU ensures program compliance and the timely submission of all required program reports. A separate Fiscal Department within the Office manages all grant expenditures and prepares the required fiscal reports. The Fiscal Department tracks all local, state, and federal funding for each separate grant program. Each grant is given a unique account number to which all drawdowns and expenditures are linked.

4. *If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.*

This funding will continue to support positions currently funded by two VOCA-funded programs within the SAO. This funding will allow grant-funded staff to work in partnership with corporate-funded staff to provide emotional support, information, and direct services to victims. Absent these VOCA funds, the current grant-funded positions would be eliminated due to current County budget constraints.

5. *Describe how your agency will financially sustain the program at the end of the three-year funding period.*

Without continued VOCA funding for the 21 Specialist positions requested in this grant application, our Victim Witness Assistance Program would be crippled in our ability to provide the broad and deep array of services to victims we currently provide. Should VOCA funds be unavailable, our office would seek other funding sources to allow us to sustain these important Victim Specialist positions. In fiscally flush times, we anticipate that Cook County would absorb the loss of positions in whole or in part; however, the current fiscal environment of the County suggests that the positions would be eliminated rather than absorbed, severely limiting the breadth of services solely corporate-funded Specialists could provide.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state's attorney's offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. *Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:*
 - b) How victims will be screened for eligibility,*
 - c) How referrals will be made for services,*
 - d) How services will be available for all victims of crime,*
 - e) Location of victim service staff within law enforcement agency or state's attorney's office, and*
 - f) Coordination of services with other victim service staff.*

Giving flesh to both state and national legislation defining the rights afforded crime victims, staff of the Victim Witness Unit offer a full array of services to crime victims and their family members. These services fall under four broad categories—Information/Education, Emotional Support, Safety, and Concrete Services – with discrete services falling within one or more category. Please see table below for a comprehensive list of provided services, some of

which are provide through VOCA funding and some of which are not. For our goals and objectives, we will only report services provided with VOCA funds.

| <u>Information/Education</u> | <u>Emotional Support</u> | <u>Safety</u> | <u>Concrete Services</u> |
|--|---|--|---|
| Distribution of Literature: orientation packs, AVN, CJS information sheets, Case Status Notification, Victims' Rights, Assertion of Rights' Forms, VOOP sheets, Crime Victim Compensation, Victim Impact information, Informational materials, Victim Services' Awards has | Crisis Intervention, De-escalation, Assessment and Case Planning, Case Management, Support Groups, Court Accompaniment, Support Groups, Victim Memorial, Preparation of Victim Impact Statements, Presence during court preps, warm handovers, Clinical Case Review | Safety Planning, Relocation, Orders of Protection, Provision of Safe Waiting Areas, Triaging Security, AVN registration, Parole Notifications, Facilitate Shelter Referrals, Case Staffing | Arrange Transportation, Arrange Travel, Parking List, Lunch and Snacks, Clothing, Referrals, Obtaining Advocates, Crime Victims' Compensation assistance, School and Employer Letters, Arrange Meetings, Outside Case Staffings |

The Victim Witness Unit services victims of any charged case within the Cook County criminal justice system is entitled and eligible to receive the services. Cases enter the system through numerous referral streams including, the Homicide/Sex Unit (Branch 66); Bond Courts at 26th Street, Domestic Violence Court, and the Divisions; Preliminary Hearings; and through Screening (Juvenile Court and Domestic Violence Court). Victim Specialists triage new homicide cases at 26th Street and new sexual assaults throughout the county at a bimonthly “roll call” meeting. During these roll call meetings, Victim Specialists, a line supervisor, and the Director meet to discuss each new, incoming case. The Director makes case assignment according to an internally established protocol that assesses the severity and intensity of the cases. Complex and high risk cases within both sub-specialty areas remain with designated staff assigned to the sub-specialty areas. Victim Specialists assigned to courtrooms receive the remaining referrals at 26th Street and in the suburbs. Cases other than gun cases, homicide cases, domestic violence cases, and sexual assault cases travel through preliminary courts and are randomly assigned to courtrooms through processes established by the court system. In

misdemeanor, juvenile, and district courts, cases land in courtrooms based on the geographical area where incidents occurred. Specialists assigned to courtrooms assume responsibility for each case and corresponding victims in that room.

All grant-funded Victim Specialists provide the following basic services to all crime victims throughout Cook County. After case assignment, Specialists make an initial assessment of the needs of each case. Highest priority is given to cases involving guns, homicide, domestic violence, and sexual assault. During roll call meetings in the locations that have them, Specialists engage in case assessment and planning. Special focus is placed on those high risk high profile cases, which often require pre-planning for de-escalation techniques. On less serious cases, Specialists make assessments as they open cases and conduct case planning during their agenda meetings with Supervisors. During the pre-trial stage, Specialists provide case status information and direct service to victims. Victim Specialists accompany victims to court and make phone, e-mail, and letter notifications to victims who do not. Specialists arrange meetings between victims and Assistant State's Attorneys. Through case pendency, Specialists spend a substantial amount of time with victims, allowing Specialists to impart important knowledge about the criminal justice system to them. The repetition of information over the life of a case also assists highly traumatized victims to remember, process, and act on information. During the trial phase, Specialists provide trial schedules to victims and tend to courthouse logistics on behalf of victims. Ongoing consultations with victims during the actual trial help comfort and ease anxiety, alleviating symptoms of trauma. Specialists address emotional issues, fears and concerns of victims, provide an explanation of what is occurring during hearings and trials translate when needed and define the court language used during the trial process. At all stages of the legal system, the Specialists assess the needs of victims and their families

identifying community resources able to meet those needs. After trial, Specialists inform victims and families of their rights during sentencing and the ongoing post-conviction process.

Specialists assist victims with writing and presenting victim impact statements. Specialists provide written literature regarding the many post-conviction options. Whether or not a victim participates in the prosecution of a case, Specialists provide them a full service array.

Stationed through nine Cook County courthouses, Specialists may travel to other locations when victim assistance is needed. Nine Victim Specialists are assigned to the George Leighton courthouse, three to the Juvenile Court, seven to the Domestic Violence Courthouse, and two at various suburban locations. All grant-funded Specialists are full-time and dedicate 100% of their time to the program.

- 2. Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.*

For 36 years the Victim Witness Unit of the Cook County State's Attorney's Office has provided a full service area to crime victims and their families. Please refer to Section D, Question 2 for a full list and description of services provided. A nationally recognized leader in the area of victim services, the Victim Witness Unit has served 238,934 new and ongoing cases since 2014. During 2016, Victim Witness Specialists provided over 225,894 separate services to crime victims and their families.

- 3. Project the number of clients to be served during the grant period. Explain and justify this projection.*

Based on data accumulated from three prior years, we estimate that the Victim Witness Unit as a whole, including corporate and grant funded staff will serve 82,000 cases involving at least one victim during each year of the grant cycle. In 2016, the VOCA funded staff assisted over 11,000 new clients and 31,326 ongoing clients. Based on these totals, we estimate that the

VOCA funded Specialists will serve at least 10,000 new clients and provide services to at least 30,000 ongoing clients during the grant period.

4. *Describe known barriers to victims accessing victim services and how your agency will address these.*

Barriers affecting victims' access to services present on two general domains: variables related to victims' status and variables related to systems' availability. Identity factors such as sexual identity, gender, gender identity, primary spoken language, immigration status, socioeconomic status, and disability affect victims' ability to access services.

All Victim Specialists have received training on the unique needs presented by immediate and collateral victims presenting with these status variables. Ongoing training will continue to be provided. In addition to ensuring that all Victim Specialists are equipped with the knowledge needed to serve victims presenting with the aforementioned status variables, the Victim Witness Unit employs those with content area expertise in each of these areas such as young victims, older adults, LGBT and victims with disabilities. The Victim Witness Unit Director has taught and has led specialized training assisting populations living with mental illness. Forty-seven percent of all Victim Specialists speak Spanish, and one Victim Specialist speaks Polish. All of these staff have long experience working with immigrant rights' agencies. In addition, Victim Specialists work with staff from the Interpreter's Office, as well as local agencies, to provide interpretation and translation for victims who speak languages other than English, Spanish, and Polish.

While Cook County appears resource rich compared to other areas of the State, resources tend to be concentrated geographically with severe gaps in service availability. In addition, the recently resolved two year State budget crisis left a legacy of devastating, long term cuts in crucial service areas. Working with our community partners on innovative ways to increase access to needed services is but one way that staff of the Victim Witness Unit seeks to address

these pernicious service barriers. In addition to finding creative points of access such as participating in the development of a victim portal app, managers from the Victim Witness Unit, in addition to leaders within the organization, have formed collaborations through which they can advocate for increased funding, program development, and overall increased capacity.

5. *Describe how the program design will incorporate trauma-informed care, as described in Attachment 1 of the Notice of Funding Opportunity.*

According to the Substance Abuse and Mental Health Services Administration concept of a trauma-informed approach, “A program, organization or system that is trauma-informed realizes the widespread impact of trauma and understands the potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff , and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to resist re-traumatization.” The mission of the SAO Victim Witness Assistance Unit is to enhance prosecution efforts by delivering the highest quality of services to victims and witnesses in the areas of advocacy and court support. Our outreach efforts are immediate, and our response is respectful, professional, thorough, and consistent. As soon as a case is brought into the system, the Victim Specialists begin to reach out to victims and their families. These Specialists provide information and assistance to help victims of crime better understand the criminal justice system and their rights as victims. The services and referrals provided by these Victim Specialists help ease the trauma of losing a family member or loved one to homicide or to mitigate the trauma experienced by victims of a range of other crimes. The Specialists assigned to Branch 66 (Homicide/Sex Unit) work with victims who have just entered the system during the most traumatic period of the court process, typically a few days after a defendant has been identified, or right after a homicide or sexual assault may have occurred. They connect with and assist the victims and their families. They remain with victims and

families until cases receive permanent assignment.

Whether as the result of a property crime or a vicious, violent assault, the experience of victimization leaves psychological scars both small and large. By its very nature, an incident of crime is an “out of the ordinary,” disorienting, and confusing experience, challenging the psychological and physical integrity of victims. The challenge to one’s physical and psychological integrity leads to trauma and symptoms associated with trauma. In addition to the personal, individual impact of trauma, many victims live in high risk, highly vulnerable areas of the county rife with community violence and diminished resources. Not only do these conditions impede opportunities for healing, they further exacerbate trauma’s impact increasing individual and community risk and reducing individual and community recovery. Experience and training have made Victim Specialists keenly aware of the deleterious impact of trauma on individuals, families, and communities.

This paradigm of complex trauma—and the deep understanding of what helps and hinders those living with trauma—forms the foundation for all services and programs of the Victim Witness Unit. Safety, structure, transparency, collaboration, empowerment, and calm serve as undergirding principles for service delivery. To this end, Victim Specialists work with our partners in the Sheriff’s Department and local law enforcement agencies to develop overall and individual strategies to ensure victim safety. We give thought to how victims move throughout the buildings to and from court and provide safe and comfortable places for victims to wait during breaks in formal proceedings. To every degree possible, we consult with victims and their families around these plans, seeking their input and buy-in for these plans.

Especially high risk cases are flagged before court dates and supervisors work with Specialists to develop safety plans and coverage. Victim Specialists in every location work in

tight partnerships, talking daily about court calls, motions, and trials. Victim Specialists and their partners meet weekly with their supervisors to plan for upcoming events and to strategize for high risk situations. Victim Specialists carefully notify victims of all events using common language and communication methods across several domains. Specialists provide information in several formats. Victim Specialists understand that traumatized individuals require much repetition of information and patiently review material during the pendency of court cases. Victim Specialists have—at a minimum—monthly person-to-person contact with victims whether in court or on the phone. This allows immediate and collateral victims the opportunity to develop safe relationships with their Specialist. Within this relationship nexus, the Specialist can assess the distinct needs of the victim and family and can accommodate any special needs. The Specialist's assessment of the victim and their family also allows the Specialist to advise the assigned Assistant State's Attorney about the victims' trauma status and to work with the ASA in planning for court preps and trial. Victim Specialists use a variety of tools, such as standardized written materials, pamphlets, as well as electronic tools such as Automated Victim Notification procedures to assist victims while seeking to alleviate their trauma exposure. Victim Specialists work with Assistant State's Attorneys to provide upsetting or graphic material to victims in advance of their presentation in court. We have established structures by which victims may meet in advance of court dates to review bond proffers, crime scene photos, and other such unsettling information. Victim Specialists maintain established assignments in order to reduce the number of personnel to whom victims must be exposed. We work to maintain a calm and warm environment by providing quiet and safe places for victims to meet and wait. Victims are greeted warmly and provided expeditious information on cases. The provision of snacks and lunches also help victims calm.

All Victim Specialists have received training on the impact of trauma on the brain. While solidly trained, there is no substitute for informed experience. Over 80% of Victim Specialists have more than ten years' experience in the field. New employees undergo a rigorous training period, which includes orientation to Office procedures, information on general victimology, and specialized training in both domestic violence and sexual assault. Each of these training components includes information on the impact of trauma on the brain.

In addition to new employee training and ongoing in-service workshops, the management of the Victim Witness Unit established individual and group supervisory structures to maintain a high functioning staff and to ameliorate the symptoms of secondary trauma in the staff. Staff consult each day in one on one encounters with their supervisors. All supervisors take a "hands on approach," attending court and partnering with Victim Specialists on cases. Pre-case and debriefing meetings are routine. Victim Specialists also participate in triage meetings called Sexual Assault Roll Call and Homicide Roll Call. In these meetings, managers make case assignments and identify high risk cases in order to establish monitoring. Critical case reviews are also mechanisms by which staff may discuss complex cases, benefitting from the feedback of colleagues and supervisors.

6. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.

Once a case has finished going through the trial phase, the Specialist makes sure that the victim and their families have registered for post-conviction notification and appeals information. To insure statutory compliance of victim's rights as related to post-conviction matters, the appeals and post-conviction team notifies victims and families about appellate matters and all other post-conviction matters involving their case, and provide court-related

support to victims in those proceedings. They communicate with victims and their families about appeals, post-conviction matters, clemency, and parole hearings. Specialists accompany victims and their families to oral arguments when necessary and work with other Victim Specialists when cases may come back on an appeal. Also, regardless of whether or not a victim participates in the prosecution of a case, Specialists will provide needed services and referrals.

7. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

Personnel of the Victim Witness Unit work in collaborative partnerships with allied partners across several domains. Each day, Victim Specialists work with our law enforcement partners within nine courthouses around plans for victim safety. Victim Specialists assigned to homicide cases, domestic violence cases, and sexual assault cases have developed close collaborative partnerships with allied community based agencies to enhance direct service delivery. The Victim Witness Director and Victim Witness managers also work in close partnerships with members of outside agencies to enhance direct service as well as to impact policy and service administration to victims.

The Victim Witness Director served on the Steering Committee of the Victim Legal Assistance Network, a federally-funded project designed to enhance service delivery to victims and ensure that they had full access to civil legal remedies. As a result of the Director's involvement with this project, Victim Specialists had the opportunity to participate in two day long training sessions around the impact of trauma on victims, as well as an in-service training on how to access intensive case management services and counseling for victims of all types of crimes. In addition, a victim portal application was developed resulting from this project. This "app" is available to all victims of crime irrespective of their participation within the criminal justice system.

Since its inception in 2009, the VWU has worked in collaboration with Chicago Survivors, a grassroots, community-based, agency whose mission is to reframe non-violence to include the community of homicide survivors. Victim Specialists work with advocates from Chicago Survivors to strategize around reducing trauma during each phase of the case within the criminal justice system. Upper management of the VWU has worked with managers from Chicago Survivors on projects designed to support those policy initiatives that benefit surviving victims and enhance their rights within the criminal justice system.

Leaders from the domestic violence community have worked with leaders from the VWU for over a decade, seeking to improve policy, legislation, and direct service for victims of domestic violence. Victim Specialists within the Domestic Violence Courthouse, the District Courthouses, and the Leighton Criminal Courthouse work with domestic violence advocates ensuring that domestic violence victims receive a full range of services. Victim Specialists rely on domestic violence advocates to assist with civil orders of protection as well as accessing community-based resources closer to the pulse of those working in the not-for-profit sectors. A very recent collaboration between the VWU and a domestic violence agency, includes the a project within the DV Courthouse designed to assist domestic violence survivors in receipt of a full range of child related remedies on orders of protection. Victim Witness personnel consulted on the design of the program and worked hand in glove with Legal Aid Services of Metropolitan Family Services in introducing the program into the screening area at 555 West Harrison.

Victim Witness Specialists continue to work in close collaboration with Rape Victim Advocates. Beginning in 2008, the Victim Witness Unit engaged in a series of discussions with prominent rape victim advocacy agencies, seeking better case coordination on sexual assault cases. These discussions resulted in an active, daily rotation of rape victim advocates to the

victim witness unit. A memorandum of understanding provides the framework for this work. Rape victim advocates continue to provide advocacy support to rape survivors and assist Victim Specialists in the work of court accompaniment, service provision, and information and referrals. This collaboration included large, conjoint training around the area of sexual assault, to which all Victim Specialists had access.

Victim Specialists also work in close collaboration with staff from the area Children's Advocacy Centers. Victim Specialists work with advocates and staff from each of these Centers in order to provide seamless, coordinated service to child victims of sexual assault. The Director has consulted to the Cook County Children's Advocacy Center Advisory Committee, a coalition of Cook County Children's Advocacy Center providers, Chicago Police, a suburban police representative, DCFS legal staff, DCFS supervisory staff, and three supervisors from the SAO.

The Victim Specialists supported by this grant also work with a wide range of governmental, private not for profit, and community agencies. Each person supported by this grant routinely makes referrals to agencies, programs, and facilities that offer support groups and counseling around the issues of loss, grief, Post-Traumatic Stress Disorder, sexual assault, and domestic violence. In addition, all Specialists are trained on Crime Victims' Compensation processes and procedures, all victims are informed of and referred to the Attorney General's Office around matters of filing and following up on victim claims. Each Victim Specialist makes referrals to medical professionals, clinics, and hospitals as victim need dictates. Some of the other governmental and community based agencies and institutions with which the specialists work are: Family Rescue, Life Span Center for Legal Services, the Cook County Sheriff's Department, Mujeres Latinas En Accion, Metropolitan Family Services, the Arab American Family Services, and Alliance Against Impaired Motorists.

8. *Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program.*

**Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.*

Victim Specialists provide information to victims regarding the Illinois Attorney General Victim Compensation program in-person as well as by phone and mail. Specialists provide this information to victims at many points across the life of a case. In addition, compensation posters are displayed at every courthouse location and within the Victim Witness Assistance Program work areas. Posters are available in the English, Polish, and Spanish languages. Grant-funded Specialists are able to answer questions that a victim may have regarding compensation.

E. Staffing Plan

1. *List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.*

Through this program, we propose to continue to staff our current 21 VOCA-funded Victim Specialists. The Specialists provide court-related support (i.e., court orientation, court accompaniment, explanation of legal terminology and procedures, case appearance notification, case status and disposition, assistance with restitution, victim impact statements, intimidation intervention, compensation and social service referrals, etc.) and work toward 100% compliance with the Illinois Bill of Rights for Violent Crime Victims. The Specialists will also maintain current information on cases and follow-up contact to ensure victims are kept informed of the progress of their case. They will provide all services detailed in Section D Question 1 as well as maintain victim services statistics, prepare monthly narrative reports, and participate in mandatory staff development courses and trainings. All grant-funded Specialists are full-time and will be dedicated to the program 100% of their time. Nine Victim Specialists will be assigned to the George Leighton Courthouse; three will be assigned to the Juvenile Court; seven

will be assigned to the Domestic Violence Courthouse, and two will be assigned to suburban courthouse locations.

2. What are the primary qualifications of program-funded staff (education, language skills, etc)?

The SAO seeks the following traits in its staff dedicated to the Victim Witness Assistance Program: Staff members should be empathetic listeners who have several years of experience working with crime victims. Staff members should possess excellent written, verbal and organizational skills; knowledge of the criminal justice system and judicial process; knowledge of grief and loss; work from a trauma informed perspective; be well organized, and need to demonstrate the ability to be a team player. It is preferred that staff members have a bachelor's degree in a relevant program such as social work, counseling, or criminal justice. Where appropriate, the Program will consider candidates whose extensive work experience compensates for the lack of a Bachelor's degree.

3. Describe how cases are coordinated and supervised within the agency.

Please see Section D, Question 1 for more information about the referral process. Supervisors keep abreast of the cases entering at their respective locations. Supervisors flag particularly heinous or high risk cases and look for cases with cross courthouse/system involvement. After identification, staff assigned to these cases work in concert within formal structures in order to ensure seamless service delivery to victims. The Unit has also developed formal structures by which to identify cases involved within the Juvenile Abuse and Neglect Division and other areas of the Office. A mutual protocol has been developed with DCFS legal, spelling out how and when DCFS wards may be called as witnesses on cases.

Victim Specialists meet weekly with their supervisors in order to discuss cases and to plan for upcoming motions, trials, and special circumstances. During these meetings, supervisors inquire about any special dynamics of cases and provide consultation as to ways to manage these

issues. On cases involving victims who present with symptoms associated with complex trauma or serious mental illness, the Director provides individualized clinical consultation on these matters. Specialists also meet with their supervisors and the Director in Critical Case Review meetings in order to discuss perplexing clinical matters.

Each reporting period, all Victim Specialists (grant and corporate funded) provides a written, monthly or quarterly report to the Director. These reports include space for a case narrative; the Director reviews each case narrative and provides consultation as necessary. The Director of the SAO PDU is responsible for the management of all VOCA awards. The Director of the SAO's Victim Witness Assistance Program oversees all victim services program activities for this program. Each location where Victim Specialists are located has a Victim Witness Supervisor to ensure appropriate staff coverage is available to assist victims and their families. Every case that comes into the system is assigned to a Victim Specialist. Once assigned a case, the Specialist reviews all case files and materials, meets with the assistant state's attorney working on the case, assesses victim needs, contacts the victim by telephone or mail, provides follow-up contacts until the trial, connects the victim and family with appropriate agencies for service referrals, coordinates services and information among local or state agencies involved with the victim, and accompanies the victim to court.

4. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

Please refer to all of the information discussed previously regarding trauma-informed practices and responses within the proposed program in Section D, Question 5. In addition to new employee training and ongoing in-service workshops, the management of the Victim Witness Unit established individual and group supervisory structures to maintain a high functioning staff and to ameliorate the symptoms of secondary trauma in the staff. Staff consult

each day in one on one encounters with their supervisors. All supervisors take a “hands on approach,” attending court and partnering with Victim Specialists on cases. Pre-case and debriefing meetings are routine. Victim Specialists also participate in triage meetings called Sexual Assault Roll Call and Homicide Roll Call. In these meetings, managers make case assignments and identify high risk cases in order to establish monitoring. Critical case reviews are also mechanisms by which staff may discuss complex cases, benefitting from the feedback of colleagues and supervisors.

Personal self-care is promoted by managers for Victim Witness staff. Managers encourage regular and planned time off for staff. Managers watch the number of compensation hours accrued by staff. Managers further watch for patterns such as tardiness, absenteeism, and poor performance in order to gauge the impact of secondary trauma within staff.

The Unit Director calls upon her extensive contacts within the professional community to provide ongoing training to staff on matters related to post-traumatic and vicarious trauma. At least once a year, all staff receive updated training on the impact of trauma on victims and those who work with them. All Victim Specialists hired before 2016 received two half-day trainings on the impact of trauma on the brain. In addition, all pre-2016 staff participated in a one-day course on work with persons living with mental illness; this training included a section on the impact of trauma on the brain. All staff, irrespective of hiring date, have participated in a 40-hour DV and 40-hour SA training; both trainings include material about the impact of trauma on the brain.

The VW Director is in discussion with colleagues from area universities and from local area mental health providers to engage them to provide a day-long training on the impact of trauma on the brain, including the impact of this work on the provider in 2018.

5. What other training needs have you identified for staff funded under this program?

Improving skills and staying up-to-date on trends in the criminal justice system and

changes in laws is critical to the quality of service provided by our Victim Witness Assistance Program. Continued training improves the quality of service provided to victims and helps our victim assistants avoid professional burnout. Ongoing training is vital to the success of our Victim Witness Assistance Program and the Office is dedicated to providing ongoing support and training opportunities for our Victim Witness staff.

6. *How will you address those training needs? If you are unable to address those needs, please explain why.*

Pending the availability of funds, VWU supervisors will work to identify appropriate trainings outside of the SAO for the grant-funded staff. The Director also will work to schedule appropriate ongoing trainings for staff on topics that will assist program staff in the job duties. During this three year cycle, the Director plans to have all staff re-take the DCFS Mandated Reporter Training. All staff can and will participate in the SAO-sponsored DV and SA 40-hour training. The SAO offers these courses twice a year, allowing several slots for VW personnel. Beginning in February 2018, all VW staff will rotate through these trainings. The Chicago Children's Advocacy Center offers ongoing training opportunities for VW staff. All VW staff will be required to attend at least one course offered at the Chicago Children's Advocacy Center. Suburban Children's Advocacy Centers also offering training courses for multidisciplinary partners and directors of these centers have discussed offering funding and opportunities for VW staff to attend CAC sponsored training. If the SAO has money in its training budget, a limited number of staff will be allowed to attend out of state conferences.

7. *Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.*

Throughout the rest of the SAO, approximately 22 FTE volunteer/intern staff are utilized every year. The volunteers/interns are assigned to various locations through the county to assist

staff. The average volunteer/intern spends about three months with our office, during which time they devote approximately 20 hours each week. Volunteers/interns who participate in our agency perform the following activities: legal research and writing, assisting Assistant State's Attorney's with their court calls, preparing cases for trial, interviewing witnesses, performing factual research, drafting documents, and/or any administrative or clerical duties as requested, including photocopying, filing, sorting or organizing files or documents. Because of union limitations and requirements, the SAO is not able to use volunteer staff within the proposed program.

8. *Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.*

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent** |
|-----------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| Victim Specialist | 21.0 | 100% | 21.0 |
| TOTAL | 21.0 | 100% | 21.0 |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted if application is funded.

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|-------------|-----------------------------------|-----------------|
|-------------|-----------------------------------|-----------------|

| | | |
|--|-----------------------------|-----------------------------------|
| Provide victim assistance services to victims with new and ongoing felony and misdemeanor cases throughout Cook County. | Victim Specialists | Ongoing |
| Provide criminal justice support and advocacy including case status updates, disposition information, and/or appearance notification. | Victim Specialists | Ongoing |
| Provide information about the criminal justice system | Victim Specialists | Ongoing |
| Provide information about the juvenile justice system | Victim Specialists | Ongoing |
| Provide assistance with obtaining orders of protection. | Victim Specialists | Ongoing |
| Provide general support in the form of follow-up contacts. | Victim Specialists | Ongoing |
| Provide information and referrals through both in-person and telephone contacts. | Victim Specialists | Ongoing |
| Provide victims and their families with information regarding compensation | Victim Specialists | Ongoing |
| Provide services and support to victims and their families, such as explaining the court process, providing victim's rights information, and provide criminal justice support and advocacy | Victim Specialists | Ongoing |
| Track and file personal statistics. | Victim Specialists | Ongoing |
| Provide interpretive service when needed | Victim Specialists | Ongoing |
| Provide training on trauma skills to staff | Program Director | 12/31/2018 |
| Submit data report to the Illinois Criminal Justice Information Authority | Program Specialists and PDU | 15 th of every quarter |
| Submit fiscal reports to the Illinois Criminal Justice Information Authority | Fiscal Department | 15 th of every quarter |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

Track I Goals, Objectives, and Performance Measures:

| |
|---|
| Goal: To provide advocacy services to victims of crime. |
|---|

| Objective | Performance Measure |
|---|---|
| SCREENING | |
| <p># <u>10,000</u> victims screened for eligibility by your agency.</p> <p># <u>10,000</u> clients will be provided services by your agency.</p> | <p># of victims screened for eligibility by your agency.</p> <p># of victims not eligible for services by your agency and referred to a victim service provider.</p> <p>Please list the agencies to which you referred.</p> <p># of clients provided services by your agency.</p> |
| INFORMATION & REFERRAL | |
| <p># <u>20,000</u> clients will receive information about the criminal justice process.</p> | <p># of clients provided information about the criminal justice process.</p> <p># of times staff provided information about the criminal justice process.</p> |
| <p># <u>20,000</u> clients will receive information about victim rights, how to obtain notifications, etc.</p> | <p># of clients provided information about victim rights, how to obtain notifications, etc.</p> <p># of times staff provided information about victim rights, how to obtain notifications, etc.</p> |
| <p># <u>20,000</u> clients will receive referrals to other victim service providers.</p> | <p># of clients provided with referrals to other victim service providers. (list agencies to which you referred)</p> <p># of times staff provided referrals to other victim service providers.</p> |
| <p># <u>10,000</u> clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.)</p> | <p># clients provided with referrals to other services, supports, and resources.</p> <p># of times staff provided referrals to other services, supports, and resources.</p> |
| PERSONAL ADVOCACY/ACCOMPANIMENT | |
| <p># <u>15,000</u> clients will receive individual advocacy (e.g., assistance applying for public benefits).</p> | <p># of clients provided individual advocacy (e.g., assistance applying for public benefits).</p> <p># of times staff provided individual advocacy (e.g., assistance applying for public benefits).</p> |
| <p># <u>10,000</u> clients will receive assistance filing for victim compensation.</p> | <p># of clients provided assistance filing for victim compensation.</p> <p># of times staff provided assistance filing for victim compensation.</p> |
| <p># <u>2,000</u> clients will receive assistance intervening with an employer, creditor, landlord, or academic institution.</p> | <p># of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution.</p> <p># of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution.</p> |
| <p># <u>N/A</u> clients will receive child or dependent care assistance.</p> | <p># of clients provided with child or dependent care assistance.</p> <p># of times staff provided child or dependent care assistance.</p> |

| | |
|---|---|
| # <u>N/A</u> clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| # <u>5,000</u> clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| # <u>N/A</u> clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # <u>N/A</u> clients will receive education assistance (e.g., help completing a GED or college application). | # of clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # <u>N/A</u> clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| # <u>10,000</u> clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| <i>SHELTER/HOUSING SERVICES</i> | |
| # <u>200</u> clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| # <u>40,000</u> clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | # of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events. |
| # <u>250</u> clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # <u>N/A</u> clients will receive assistance with restitution. | # of clients provided assistance with restitution. |

| | |
|---|--|
| # <u>N/A</u> clients will receive civil advocacy/ accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/ accompaniment. |
| # <u>40,000</u> clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/ accompaniment. # of times staff provided criminal advocacy/ accompaniment. |
| <i>REQUIRED TRAININGS</i> | |
| # <u>21</u> staff will receive training on trauma | # of staff trained # of trainings on trauma held |

| | | | | | |
|--|--|--|--|--|-------------------------------------|
| STATE OF ILLINOIS | | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Cook | | DUNS#: 00-552-5829 | | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 | Project Period: 1/1/2018-12/31/2018 |

All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." **Please read all instructions before completing form.**

SECTION A -- FEDERAL/STATE OF ILLINOIS FUNDS

| Revenues | Year 1 | | | |
|---|---------------|--|--|--|
| (a). State of Illinois Grant Amount Requested | \$ 1,500,000 | | | |

BUDGET SUMMARY - FEDERAL/STATE OF ILLINOIS FUNDS

| Budget Expenditure Categories <i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i> | Year 1 | | | |
|--|---------------------|--|--|--|
| 1. Personnel (Salaries & Wages) 200.430 | \$ 980,438 | | | |
| 2. Fringe Benefits 200.431 | \$ 519,562 | | | |
| 3. Travel 200.474 | \$ - | | | |
| 4. Equipment 200.439 | \$ - | | | |
| 5. Supplies 200.94 | \$ - | | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | \$ - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | \$ 1,500,000 | | | |
| 17. Indirect Costs* (see below) 200.414 | | | | |
| Rate: ___% Base: \$___ | \$ - | | | |
| 18. Total Costs State Grant Funds (lines 16 and 17) | \$ 1,500,000 | | | |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

- 1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

- 2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

- 2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

- 4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
- Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (5)) Or;
 Complies with other statutory policies (*please specify*):

The Restricted Indirect Cost Rate is _____%

- 5) No reimbursement of Indirect Cost is being requested. (*Please consult your program office regarding possible match requirements*)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|---------|
| Period Covered by the NICRA: | |
| Approving Fed/State Agency (please specify): | |
| The Indirect Cost Rate is: | _____ % |
| The Distribution Base is: | |

| | | | |
|--|---|---|-------------------------------------|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Cook | DUNS#: 00-552-5829 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: 1/1/2018-12/31/2018 |

If you are required to provide or volunteer to provide cost-sharing, matching funds, other funding or contributions to the project, these should be shown for each applicable budget category. All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." Please read all instructions before completing form.

SECTION B -- MATCH FUNDS

| Program Revenues | Year 1 | | | |
|--|--------|--|--|--|
| Grantee Match Requirement: ___% <i>(ICJIA to populate only if match is required)</i> | | | | |
| (b). -Cash | | | | |
| (c). -Non-cash | | | | |
| (d). Other Funding & Contributions | | | | |
| NON-STATE Funds Total | \$ - | | | |

BUDGET SUMMARY MATCH FUNDS

| Budget Expenditure Categories <small>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</small> | Year 1 | | | |
|---|------------|--|--|--|
| 1. Personnel (Salaries & Wages) 200.430 | \$ 259,414 | | | |
| 2. Fringe Benefits 200.431 | \$ 127,570 | | | |
| 3. Travel 200.474 | \$ - | | | |
| 4. Equipment 200.439 | \$ - | | | |
| 5. Supplies 200.94 | \$ - | | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | \$ - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | \$ 386,984 | | | |
| 17. Indirect Costs* (see below) 200.414 | | | | |
| Rate: _____ % Base: _____ | \$ - | | | |
| 18. Total Costs NON-ICJIA (Match) Funds (lines 16 and 17) | \$ 386,984 | | | |

| | | | |
|--|--|---|---|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Cook | DUNS#: 00-552-5829 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: 1/1/2018- 12/31/2018 |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

| Implementing Agency | | Program Agency |
|---|--|---|
| County of Cook Name of Applicant Institution/Organization | County of Cook Name of Applicant Institution/Organization | Cook County State's Attorney's Office Institution/Organization |
| _____ Signature | _____ Signature | _____ Signature |
| Lawrence Wilson Name of Official | Toni Preckwinkle Name of Official | Kimberly M. Foux Name of Official |
| Comptroller Title Chief Financial Officer (or equivalent) | President of the Board of Commissioners Title Executive Director (or equivalent) | Cook County State's Attorney Title Executive Director (or equivalent) |
| _____ Date of Signature | _____ Date of Signature | _____ Date of Signature |

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | |
|--|----------------|---------------|-----------|---|
| Grantee (or Subgrantee) DUNS: | 00-552-5829 | | | |
| Grantee (or Subgrantee) Name: | County of Cook | | | |
| Grantee (or Subgrantee) DBA: | County of Cook | | | |
| Grantee (or Subgrantee) Address: | 118 N. Clark | | | |
| City: | Chicago | State: | IL | Zip+4: 60602-1311 Congressional District: 7th |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | |
| City: | Chicago | State: | IL | Zip+4: 60608-5101 Congressional District: 7th |
| Grant #: | Award Amount: | \$ | 1,500,000 | Project Period: 1/1/2018-12/31/2018 |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | |
| CSFA Short Description: VOCA FFY16 | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | |
| Yes <input checked="" type="checkbox"/> If yes, you are not required to provide data. | | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | |
| Please provide names and total compensation of the top five officials: | | | | |
| Name: | | Amount: | | |

Section C - Budget Worksheet & Narrative

1). **Personnel (Salaries & Wages)** (2 CFR 200.430) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Name | Position | Computation | | | | Federal/State Amount | Match | Total Cost |
|------|-------------------|----------------|---------------------|-----------|------------------------------|----------------------|-----------|------------|
| | | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Quantity (based on Yr/Mo/Hr) | | | |
| TBD | Victim Specialist | \$ 47,275 | Year | 100.00% | 1.00 | \$ 38,184 | \$ 9,091 | \$ 47,275 |
| TBD | Victim Specialist | \$ 49,207 | Year | 100.00% | 1.00 | \$ 39,744 | \$ 9,463 | \$ 49,207 |
| TBD | Victim Specialist | \$ 52,330 | Year | 100.00% | 1.00 | \$ 42,267 | \$ 10,063 | \$ 52,330 |
| TBD | Victim Specialist | \$ 52,830 | Year | 100.00% | 1.00 | \$ 41,654 | \$ 11,176 | \$ 52,830 |
| TBD | Victim Specialist | \$ 57,416 | Year | 100.00% | 1.00 | \$ 45,270 | \$ 12,146 | \$ 57,416 |
| TBD | Victim Specialist | \$ 59,692 | Year | 100.00% | 1.00 | \$ 47,065 | \$ 12,627 | \$ 59,692 |
| TBD | Victim Specialist | \$ 59,692 | Year | 100.00% | 1.00 | \$ 47,065 | \$ 12,627 | \$ 59,692 |
| TBD | Victim Specialist | \$ 59,692 | Year | 100.00% | 1.00 | \$ 47,065 | \$ 12,627 | \$ 59,692 |
| TBD | Victim Specialist | \$ 61,047 | Year | 100.00% | 1.00 | \$ 48,133 | \$ 12,914 | \$ 61,047 |
| TBD | Victim Specialist | \$ 61,191 | Year | 100.00% | 1.00 | \$ 48,247 | \$ 12,944 | \$ 61,191 |
| TBD | Victim Specialist | \$ 61,191 | Year | 100.00% | 1.00 | \$ 48,247 | \$ 12,944 | \$ 61,191 |
| TBD | Victim Specialist | \$ 61,191 | Year | 100.00% | 1.00 | \$ 48,247 | \$ 12,944 | \$ 61,191 |
| TBD | Victim Specialist | \$ 61,191 | Year | 100.00% | 1.00 | \$ 48,247 | \$ 12,944 | \$ 61,191 |
| TBD | Victim Specialist | \$ 61,191 | Year | 100.00% | 1.00 | \$ 48,247 | \$ 12,944 | \$ 61,191 |
| TBD | Victim Specialist | \$ 61,191 | Year | 100.00% | 1.00 | \$ 48,247 | \$ 12,944 | \$ 61,191 |
| TBD | Victim Specialist | \$ 61,191 | Year | 100.00% | 1.00 | \$ 48,247 | \$ 12,944 | \$ 61,191 |
| TBD | Victim Specialist | \$ 61,191 | Year | 100.00% | 1.00 | \$ 48,247 | \$ 12,944 | \$ 61,191 |
| TBD | Victim Specialist | \$ 61,320 | Year | 100.00% | 1.00 | \$ 48,349 | \$ 12,971 | \$ 61,320 |
| TBD | Victim Specialist | \$ 62,199 | Year | 100.00% | 1.00 | \$ 49,042 | \$ 13,157 | \$ 62,199 |
| TBD | Victim Specialist | \$ 63,372 | Year | 100.00% | 1.00 | \$ 49,966 | \$ 13,406 | \$ 63,372 |
| TBD | Victim Specialist | \$ 64,252 | Year | 100.00% | 1.00 | \$ 50,660 | \$ 13,592 | \$ 64,252 |

Total \$ 980,438.00 \$ 259,414.00 \$ 1,239,852.00

Personnel Narrative:

- Federal and match funds have been allocated to fund 21 full-timeVictim Specialists that will be 100% dedicated to the project. All the grant-funded Victim Specialists provide direct services, supports, and specialized referrals to victims going through the criminal justice system. These services include (but not limited to): assistance in making transportation arrangements, providing court escorts, and specialized referrals and advocacy. Victim Specialists will provide crucial education about the court system, information about victims’ rights, crisis intervention, as well as additional services and resources to victims

as their needs dictate. The 21 grant-funded Victim Specialists are stationed through nine courthouses throughout Cook County; however, Specialists will travel to any of the locations where victim assistance is needed. Nine Victim Specialists are assigned to the George Leighton Courthouse. Three Victim Specialists are assigned to the Juvenile Court. Seven Victim Specialists are assigned to the Domestic Violence Courthouse. Two Victim Specialists located at various suburban locations.

Section C - Budget Worksheet & Narrative

2). **Fringe Benefits (2 CFR 200.431)**--Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in category (1) direct salaries and wages, and only for the percentage of time devoted to the project. Provide the name of the fringe benefit (i.e., Retirement, Insurance, Worker's Comp, etc), the fringe benefit rate, and a clear description of how the computation of fringe benefits was done. Provide both the annual (for multiyear awards) and total. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position. The budget justification should be reflected in the budget description. Elements that comprise fringe benefits should be indicated.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Name | Position | Fringe Costs | | | | | | | | Federal/State Amount | Match | Total Cost |
|------|-------------------|-------------------|----------|-----------------------|-----------|----------------|------------------------|---|--------------|----------------------|------------|------------|
| | | Calculated Salary | Medicare | Worker's Compensation | Pension | Life Insurance | Other (Please Specify) | Flat Rate Fringe (Health, Dental, Vision, and unemplmt) | | | | |
| | | | 1.4500% | 1.5000% | 21.9300% | 0.1600% | | | | | | |
| TBD | Victim Specialist | \$ 47,275 | \$ - | \$ 685.49 | \$ 709.13 | \$ 10,367.41 | \$ 75.64 | \$ - | \$ 16,831.53 | \$ 23,013 | \$ 5,656 | \$ 28,669 |
| TBD | Victim Specialist | \$ 49,207 | \$ - | \$ 713.50 | \$ 738.11 | \$ 10,791.10 | \$ 78.73 | \$ - | \$ 16,831.53 | \$ 23,452 | \$ 5,701 | \$ 29,153 |
| TBD | Victim Specialist | \$ 52,330 | \$ - | \$ 758.79 | \$ 784.95 | \$ 11,475.97 | \$ 83.73 | \$ - | \$ 16,831.53 | \$ 23,754 | \$ 6,181 | \$ 29,935 |
| TBD | Victim Specialist | \$ 52,830 | \$ - | \$ 766.04 | \$ 792.45 | \$ 11,585.62 | \$ 84.53 | \$ - | \$ 16,831.53 | \$ 23,854 | \$ 6,206 | \$ 30,060 |
| TBD | Victim Specialist | \$ 57,416 | \$ - | \$ 832.53 | \$ 861.24 | \$ 12,591.33 | \$ 91.87 | \$ - | \$ 42.00 | \$ 11,502 | \$ 2,917 | \$ 14,419 |
| TBD | Victim Specialist | \$ 59,692 | \$ - | \$ 865.53 | \$ 895.38 | \$ 13,090.46 | \$ 95.51 | \$ - | \$ 16,831.53 | \$ 25,552 | \$ 6,226 | \$ 31,778 |
| TBD | Victim Specialist | \$ 59,692 | \$ - | \$ 865.53 | \$ 895.38 | \$ 13,090.46 | \$ 95.51 | \$ - | \$ 16,831.53 | \$ 25,552 | \$ 6,226 | \$ 31,778 |
| TBD | Victim Specialist | \$ 59,692 | \$ - | \$ 865.53 | \$ 895.38 | \$ 13,090.46 | \$ 95.51 | \$ - | \$ 16,831.53 | \$ 25,552 | \$ 6,226 | \$ 31,778 |
| TBD | Victim Specialist | \$ 61,047 | \$ - | \$ 885.18 | \$ 915.71 | \$ 13,387.61 | \$ 97.68 | \$ - | \$ 16,831.53 | \$ 25,824 | \$ 6,294 | \$ 32,118 |
| TBD | Victim Specialist | \$ 61,191 | \$ - | \$ 887.27 | \$ 917.87 | \$ 13,419.19 | \$ 97.91 | \$ - | \$ 16,831.53 | \$ 25,853 | \$ 6,301 | \$ 32,154 |
| TBD | Victim Specialist | \$ 61,191 | \$ - | \$ 887.27 | \$ 917.87 | \$ 13,419.19 | \$ 97.91 | \$ - | \$ 16,831.53 | \$ 25,853 | \$ 6,301 | \$ 32,154 |
| TBD | Victim Specialist | \$ 61,191 | \$ - | \$ 887.27 | \$ 917.87 | \$ 13,419.19 | \$ 97.91 | \$ - | \$ 16,831.53 | \$ 25,853 | \$ 6,301 | \$ 32,154 |
| TBD | Victim Specialist | \$ 61,191 | \$ - | \$ 887.27 | \$ 917.87 | \$ 13,419.19 | \$ 97.91 | \$ - | \$ 16,831.53 | \$ 25,853 | \$ 6,301 | \$ 32,154 |
| TBD | Victim Specialist | \$ 61,191 | \$ - | \$ 887.27 | \$ 917.87 | \$ 13,419.19 | \$ 97.91 | \$ - | \$ 16,831.53 | \$ 25,853 | \$ 6,301 | \$ 32,154 |
| TBD | Victim Specialist | \$ 61,191 | \$ - | \$ 887.27 | \$ 917.87 | \$ 13,419.19 | \$ 97.91 | \$ - | \$ 16,831.53 | \$ 25,853 | \$ 6,301 | \$ 32,154 |
| TBD | Victim Specialist | \$ 61,191 | \$ - | \$ 887.27 | \$ 917.87 | \$ 13,419.19 | \$ 97.91 | \$ - | \$ 16,831.53 | \$ 25,853 | \$ 6,301 | \$ 32,154 |
| TBD | Victim Specialist | \$ 61,191 | \$ - | \$ 887.27 | \$ 917.87 | \$ 13,419.19 | \$ 97.91 | \$ - | \$ 16,831.53 | \$ 25,853 | \$ 6,301 | \$ 32,154 |
| TBD | Victim Specialist | \$ 61,320 | \$ - | \$ 889.14 | \$ 919.80 | \$ 13,447.48 | \$ 98.11 | \$ - | \$ 16,831.53 | \$ 25,878 | \$ 6,308 | \$ 32,186 |
| TBD | Victim Specialist | \$ 62,199 | \$ - | \$ 901.89 | \$ 932.99 | \$ 13,640.24 | \$ 99.52 | \$ - | \$ 16,831.53 | \$ 26,054 | \$ 6,352 | \$ 32,406 |
| TBD | Victim Specialist | \$ 63,372 | \$ - | \$ 918.89 | \$ 950.58 | \$ 13,897.48 | \$ 101.40 | \$ - | \$ 16,831.53 | \$ 26,289 | \$ 6,411 | \$ 32,700 |
| TBD | Victim Specialist | \$ 64,252 | \$ - | \$ 931.65 | \$ 963.78 | \$ 14,090.46 | \$ 102.80 | \$ - | \$ 16,831.53 | \$ 26,465 | \$ 6,455 | \$ 32,920 |
| | | | | | | | | | | \$ 519,562 | \$ 127,570 | \$ 647,132 |

Fringe Narrative:

- Federal and match funds have been allocated to support the fringe benefit costs of all the grant-funded personnel listed above. State's Attorney's Office's fringe benefits are calculated in accordance with the standard benefits package received by all Cook County employees. The salary amount used to calculate the standard fringe benefits represents the total salary to be paid over the program period. Standard Benefit costs were calculated as follows: Medicare (1.45 % of salary), Worker's Compensation (1.5% of salary), Life Insurance 0.16% of salary), and Pension (8.5% of salary x 2.58). Unemployment, hospitalization/prescription, dental, and vision benefits are calculated at the following fixed yearly rates: life insurance: \$42.00; hospital/prescriptions: \$16,257.36; dental: \$404.22; and vision: \$127.95.

Section C - Budget Worksheet & Narrative

3). **Travel** (2 CFR 200.474)-- Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. **NOTE:** Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the contractual category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

Column G ("Basis") defines the quantity being measured. For example, if your expense is two nights in a hotel, the basis is "Nights." If the expense is 300 miles, the basis is "Miles."

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Purpose of Travel (brief description) | Location | Computation | | | | | | Federal/State Amount | Match | Total Cost |
|--|----------|-------------|-----------|----------|-------|---------|--------------|-------------------------|-------|------------|
| | | Items | Cost Rate | Quantity | Basis | # Staff | # of Trips | | | |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | <i>Total</i> | \$ - | \$ - | \$ - |

Travel Narrative:

- N/A

Section C - Budget Worksheet & Narrative

5. Supplies (2 CFR 200.94) --List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Supply Items | Computation | | | Federal/State Amount | Match | Total Cost |
|--------------|-----------------------|------|---|----------------------|-------|------------|
| | Quantity/ Duration | Cost | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| <i>Total</i> | | | | \$ | - | \$ |
| | | | | - | \$ | - |
| | | | | \$ | - | \$ |
| | | | | - | \$ | - |

Supplies Narrative:

- N/A

Section C - Budget Worksheet & Narrative

6. Contractual Services (2 CFR 200.318) & Subawards (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88). **However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information.** This budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | | | Federal/State Amount | Match | Total Cost | | | |
|--------------|----------------|-------|----------------|---|----------------------|-------|------------|---|----|---|
| | Cost per Basis | Basis | Length of Time | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| Total | | | | | \$ | - | \$ | - | \$ | - |

Contractual Narrative:

- N/A

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| | | | | | \$ - |

Indirect Cost Narrative:

N/A

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Signature

Name of Official

Title
Chief Financial Officer (or equivalent)

Date of Signature

Institution/Organization

Signature

Name of Official

Title
Executive Director (or equivalent)

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|--------------------------------|-----------------------------|----------------------|------------------------|
| 1. Personnel | \$ 980,438.00 | \$ 259,414.00 | \$ 1,239,852.00 |
| 2. Fringe Benefits | \$ 519,562.00 | \$ 127,570.00 | \$ 647,132.00 |
| 3. Travel | \$ - | \$ - | \$ - |
| 4. Equipment | \$ - | \$ - | \$ - |
| 5. Supplies | \$ - | \$ - | \$ - |
| 6. Contractual Services | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. Indirect Costs | \$ - | \$ - | \$ - |
| TOTAL PROJECT COSTS | \$ 1,500,000.00 | \$ 386,984.00 | \$ 1,886,984.00 |

| | | | | | |
|--|--|---|--|---|-------------------------------------|
| ICJIA Agency Approval | | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Cook | | DUNS#: 00-552-5829 | | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 | Project Period: 1/1/2018-12/31/2018 |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.
4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.
5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.
- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|---|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | 215046, 214046, 213828, 213046, 212046, 211046, 210046, 210046, 210046, 209046, 208046, 206046, 205546, 204046, 202046 |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|--|--|
| 22. | Legal Name | (Name used for DUNS registration and grantee pre-qualification.) <i>City of Elgin</i> |
| 23. | Common Name (DBA) | |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | <i>36 - 6005862</i> |
| 25. | Organizational DUNS number | <i>01 - 022 - 4772</i> |
| 26. | SAM expiration date | <i>7 - 27 - 2018</i> |
| 27. | SAM Cage Code | <i>5CHL9</i> |
| 28. | Business Address | Street address: <i>150 Dexter Court</i> City: <i>Elgin</i> State: <i>IL</i> County: <i>Kane</i> Zip + 4: <i>60120-5570</i> |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|------------------|--------------------------------------|
| 29. | First Name | <i>JOANN</i> |
| 30. | Last Name | <i>Stingley</i> |
| 31. | Suffix | |
| 32. | Title | <i>Victim Assistance Coordinator</i> |
| 33. | Telephone Number | <i>(847) 289-2686</i> |
| 34. | Fax Number | <i>(847) 289-2750</i> |
| 35. | Email address | <i>stingley-j@cityofelgin.org</i> |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|------------------|--------------------------------------|
| 36. | First Name | <i>JOANN</i> |
| 37. | Last Name | <i>Stingley</i> |
| 38. | Suffix | |
| 39. | Title | <i>Victim Assistance Coordinator</i> |
| 40. | Telephone Number | <i>(847) 289-2686</i> |
| 41. | Fax Number | <i>(847) 289-2750</i> |
| 42. | Email address | <i>stingley-j@cityofelgin.org</i> |

Program Agency Information (If different from Implementing Agency.)**

| | | |
|-----|----------------------------|---|
| 43. | Legal Name | (Name used for DUNS registration.) |
| 44. | Organizational DUNS number | <i>01 - 022 - 4772</i> |
| 45. | SAM expiration date | <i>07 - 27 - 2018</i> |
| 46. | SAM Cage Code | <i>5CHL9</i> |
| 47. | Business Address | Street address: <i>151 Douglas Ave</i> City: <i>Elgin</i> State: <i>IL</i> County: <i>Kane</i> Zip + 4: <i>60120-4219</i> |

| | | |
|---|------------------|-------------------------------|
| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
| 48. | First Name | JOANN |
| 49. | Last Name | STINGLEY |
| 50. | Suffix | |
| 51. | Title | Victim Assistance Coordinator |
| 52. | Telephone Number | (847) 289-2686 |
| 53. | Fax Number | (847) 289-2750 |
| 54. | Email address | stingley-j@cityofelgin.org |

| | | |
|-------------------------|--|---|
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | (If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.) KANE - Elgin COOK - Elgin |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 8 State Senate District: 22 State Representative District: 43 |
| 57. | Primary Area of Performance | (This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.) Elgin, Ill 60120-5503 |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 8 State Senate District: 22 State Representative District: 43 |

| | | |
|------------------------------|--|--|
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | (Text only for the title of the applicant's project.) VOCA LAW Enforcement Prosecution, CASA Victim Asst |
| 60. | Proposed Project Term | Start Date: 1-1-18 End Date: 12-31-18 |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$ <input type="checkbox"/> Budgeted Amount: \$ 107,415 <input type="checkbox"/> Match: \$ 58,564 <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ 0 <p style="text-align: right;">Total Amount: \$ 259,393</p> Indirect cost rate: ____% |

Applicant Certification:

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)

(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

I agree

| Implementing Agency Authorized Official (Director, President, Chair, or similar position) | | |
|---|--|----------------------------|
| 62. | First Name | Jeffrey |
| 63. | Last Name | Swoboda |
| 64. | Title | Chief of Police |
| 65. | Telephone Number | 847 0284-2760 |
| 66. | Fax Number | (847) 289 2750 |
| 67. | Email address | Swoboda-j@cityofelgin.org |
| 68. | Signature of Authorized Representative | |
| 69. | Date Signed | |
| Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.) | | |
| 70. | First Name | Debra |
| 71. | Last Name | Nawrocki |
| 72. | Title | Chief Financial Officer |
| 73. | Telephone Number | (847) 931-5624 |
| 74. | Fax Number | (847) 931 5622 |
| 75. | Email address | nawrocki-d@cityofelgin.org |
| 76. | Signature of Authorized Representative | |
| 77. | Date Signed | |
| Program Agency Authorized Official | | |
| 78. | First Name | David |
| 79. | Last Name | KAPTAIN |
| 80. | Title | MAYOR |
| 81. | Telephone Number | (847) 931-5595 |
| 82. | Fax Number | |
| 83. | Email address | Kaptain-d@cityofelgin.org |
| 84. | Signature of Authorized Representative | |
| 85. | Date Signed | |

** ICJIA specific modification to GATA form

PROGRAM NARRATIVE

(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font and **double-spaced** with 1 inch margins and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- County state's attorney
- County sheriff's department
- Local police department
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

*Victim services agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Serve additional victim populations.
- Offer new types of services.
- Continue existing services to crime victims.*

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

3. *Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.*

The Elgin Police Department is fully immersed in the Community-Oriented Policing (COP) philosophy and its accompanying strategies. COP involves a collaborative effort between the department and the community to effect change that is measured by both the reduction of crime and the improvement in the quality of life for individuals who reside within the community. This is accomplished by developing partnerships with police that are inclusive of public and private entities, local service agencies, businesses, schools and churches.

One strategy that the police department deployed was the creation of a Social Services Unit in the early 1990's. This unit immediately began serving the needs of victims in both Cook and Kane Counties, through partnerships with the respective state's attorney's victim services advocates. These victim accommodations include crisis intervention, case management, advocacy, and ongoing emotional support.

In addition to the state's attorney's advocates, the Social Service Unit collaborates with other community agencies, including, but not limited to, the [Renz Addiction Center](#), [PADS of Elgin, Inc.](#) for homeless individuals, the [Community Crisis Center](#) shelter for women and their children, the [Ecker Center for Mental Health](#), the [Family Services Association of Greater Elgin](#), a nonprofit mental health agency, local hospitals, clinics, and schools when requested. The Social Services Unit has a two-way working relationship with these local organizations wherein they both provide services to victims at the request of the agencies, or refer victims to the organizations for their specialized services to ensure victim needs are met. All letters of support from these community partners are available in Attachment A.

A. Statement of Problem

1. *Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.*
2. *Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.*

Background:

According to U.S. Census data, the [population of Elgin](#) in 2016 was estimated to be 112,123 (100% urban, 0% rural). The [2014 Census supports](#) that the population has increased by 18.6% [since 2000](#). Elgin's population consists of 49.4% males, 50.6% females, and the median age was 35.7 years old. Elgin is a diverse city, composed of Hispanic (45%), Caucasian (40%), Asian (6.7%) and African American (1.4%). Additionally, both two or more races and Native Americans each represented less than 1% of Elgin's population. The greatest portion of the city of Elgin is in Kane County, IL. A portion of the city is in Cook County. Kane County is in the northern region of Illinois.

Problems:

Due to economic challenges city-wide over the past several years, the Social Services Unit of the Elgin Police Department has not been able to increase staffing to accommodate the city's growing population. Since 1991, when the unit began with only one social worker, the population was 79,818, 40% fewer than what we are serving today. Currently there are three part-time Domestic Violence Case Managers and one full-time supervisor of the Social Services Unit who are supported by social work college interns that rotate in and out of the unit as their

internship programs commence and conclude. There are critical deficiencies noted by unit staff including:

- Inability to adequately meet the needs of the expanding Hispanic population.
- Challenges in providing timely intervention and engagement with all crime victims after a criminal incident in an effort to provide long-term emotional support.

The following is an example of this crucial need to increase staff for victim services: In October of 2017, a woman was murdered in a different county, but her children and their father live in the city of Elgin. The officers that had contact with the family were seeking immediate assistance from the Social Services Unit in the middle of the night, immediately after the mother had been murdered. Unfortunately, there were no social workers available and, in fact, they were not able to contact the family until days later. Fortunately, they are still assisting the family, though ideally they would have been able to support the children and father with the first responding police officers to immediately deescalate the traumatic effects of this heinous crime.

In the city of Elgin, per the Elgin Police Department's statistics, there have been an average of 6,500 victims of crime (all types of crime combined) every year for the last three years. Due to the need to prioritize which victims to serve based on staffing levels within the Social Services Unit, they have focused their attention on victims of domestic violence. Each month there is an average of 80 such reports where outreach is arranged.

When further examining Elgin's crime statistics [published on the city website](#), there has been a total of 5,860 Part 1 Crimes during the past three years (2014, 2015, 2016), which

averages to 1,953 Part 1 crimes per year. Per the [January 17, 2017 Elgin Police News Release](#), “The Part 1 crime rate encompasses a standardized federal measurement of serious crimes that are committed against people and property.” These crimes include homicide, forcible rape/criminal sexual assault, robbery, battery, assault, burglary, and arson. In addition, there is an average of 960 incidents of domestic/family violence reported to police every year. Elgin is situated between Chicago and Rockford, Illinois. Elgin’s youth are affected by the influence of each of those city’s street gangs. Elgin has 34 gangs identified as having a presence in the community with 20 currently having active members. Many of these gangs have direct ties to Chicago and Rockford gangs. The more prominent gangs include the Latin Kings, Vice Lords, Spanish Vice Lords, American Outlaws, Maniac Latin Disciples, Fourteens, Thirteens, Four Corner Hustlers, Insane Deuces, and more. Verified shootings during 2015 and 2016 total 107, indicating an approximate average of 53 shootings per year.

According to an [ICJIA research report](#), “The Northern region (minus Cook) accounted for 36% of the total youth population, ages 10 to 17, in Illinois in 2015. During the same year the same region’s youth accounted for 22% of juvenile arrests, 28% of detention admissions, and 17% of new sentence admissions to corrections.”

According to an [FBI report published in 2015](#), Kane County ranked ninth on the list of the top ten counties in Illinois with the highest violent crime rate. The website [www.valuepenguin.com](#) determined Elgin ranked #200 as a safe community when examining like variables for cities across the State of Illinois.

Due to the inability to secure funding to increase staff in the Social Services Unit of the Elgin Police Department, the Social Services Unit has been able to provide victims services to only a fraction of the city’s crime victims. Out of the approximately 6,500 victims per year, the

Social Services Unit has been able to help on average only 1,000 victims per year, and that help has not been available as early or for as long as the victims need. Additionally, the Social Services Unit depends largely on social work college interns to provide services. Due to the temporary nature of these internship programs and the interns' lack of training and experience, they are not able to provide the intense and long-term services that full-time, highly educated, and experienced social work and counseling professionals can provide.

Strengths:

Having over 26 years of experience with 15 of them specializing in domestic violence, the Elgin Police Department's Social Services Unit is uniquely qualified to expand these services to include all victims of all crimes. In addition to the many years of experience working with victims, the Social Services Unit is an integral function of the Elgin Police Department, working closely with first-responding police officers who are accustomed to referring victims to the Social Services Unit for assistance. The unit also has a positive working rapport with the School Resource Officers who have requested assistance and training from the Social Services Unit on domestic violence and the effects of trauma on children.

The current Domestic Violence Case Managers in the Social Services Unit are especially qualified to implement the expansion of the [Victims of Crime Act](#) (VOCA) program to include providing early intervention and direct services to all victims, not just victims of domestic violence. However, to provide services to all victims of all crimes, case managers would be required to work full-time. Currently, the three case managers are working only part-time (a combined total of 50 work hours per week). Two of the case managers have master's degrees in social work, and one has a master's degree in human services, with a licensed clinical professional counselor licensure, and is qualified to provide supervision. All three case managers

are qualified to provide crisis intervention, case management, advocacy, and ongoing emotional support. In addition, one of these case managers is bilingual (English and Spanish), and could be dedicated to those victims who speak only Spanish. Since 45% of the population of the city of Elgin identifies as Hispanic, this is an additional strength that makes the Social Services Unit qualified for this new VOCA initiative.

Working together with the Elgin police to develop and maintain COP initiatives, the Social Services Unit has been instrumental in helping the Elgin Police Department to establish positive relations with the community, as evidenced by several successful Elgin police programs. These programs include Resident Officer Program of Elgin (ROPE), Neighborhood Officer Program of Elgin (NOPE), Community Relations, and Crime Free Housing (CFH). ROPE entails police residing in high-crime areas with the objective to establish improved communication and relationships in these neighborhoods, the Operation Homefront Program, which reaches out to parents of gang members to help them steer their children away from gangs, and the School Resource Officer program, which collaborates regularly with the Social Services Unit to help high-risk and traumatized youth. The Elgin Police Department also has a Community Relations Unit that leads programs such as Neighborhood Watch. The Social Services Unit interacts daily with all the other units within the Elgin Police Department as well as with several community agencies and organizations in the Elgin area and has a long-established and positive relationship with the Elgin police and the community.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

1. *Please provide a brief description of your entire organization, including unit descriptions and staffing.*

The Elgin Police Department's approach to serving its constituents had been one of COP for a quarter of a century. COP involves a collaborative effort between the department and the citizens of Elgin to effect change that is both measured by crime reduction and improved quality of life for individuals who reside within the community. This is accomplished by developing partnerships with the police that are inclusive of public and private entities, local service agencies, businesses, schools, and churches. The department continues to build upon successes by seeking new initiatives and partnerships, such as the VOCA program, to enhance existing programs and services. The Elgin Police Department has a total of 182 sworn officers and 92 civilian employees. It now consists of the following [main units](#):

- Chief of Police, Deputy Chief, and administration staff. They plan, research, budget, process payroll, and ensure that internal compliance and trainings are adhering to high standards. All the following units report to the Chief of Police:
- Operations: headed by the Operations Commander, consists of three patrol shifts.
- Investigations: lead by the Investigations Commander, oversees both adult and juvenile crime investigations and includes gang and narcotic units. Investigations also encompasses SWAT, Tactical Negotiations, School Resource Officers, and Social Services. It also includes the ROPE, NOPE, CFH program, as explained in an earlier paragraph.
- Administration: headed by the Administrations Commander, provides administrative support, supervision of Records, Evidence and Communications, adjudication, media

relations, traffic and parking law enforcement, crossing guards, special events, court liaisons, jail, asset management, facility management, and the information desk.

2. *What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.*

The only program within the Social Services Unit that is dedicated to providing direct crime victim services is the domestic violence program, which services only victims of domestic incidents. The Social Services Unit supervisor and social work college interns provide direct services to a small number of other crime victims as requested by police. The Social Services Unit supervisor coordinates all these activities as well as the domestic violence program, in addition to all social services provided to residents who are not victims of crime.

3. *Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.*

Currently, the Social Services Unit of the Elgin Police Department provides services to all vulnerable populations of the city of Elgin, not just victims of crimes. There is no staff member fully dedicated to serving all victims of all types of crime, which is the main objective the department seeks to fulfill with this grant opportunity: to have full-time professional social work and counseling staff that is completely and only dedicated to all victims of crime. At this time, there are three part-time professional Domestic Violence Case Managers. In addition, there is an average of five part-time social work interns who provide limited services to crime victims at the police department. However, due to their short-term internship programs and their lack of training and experience, they are unable to meet all the needs of all the crime victims. There are 182 police officers at the Elgin Police Department who refer crime victims to the Social Services Unit for assistance on a daily basis. Due to a lack of full-time professional staff, the Social Services Unit is unable to serve all the victims referred to them.

| Type of staff | Number of staff |
|--|------------------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 0 |
| Number of managerial staff | 0 |
| Number of administrative support staff | 0 |

4. *Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.*

The city of Elgin, Illinois is within, and serves, Kane County and a portion of Cook County.

C. Agency Capacity and Experience

1. *Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.*

The Social Services Unit of the Elgin Police Department has been providing victim services for 26 years. The VOCA Domestic Violence Program has been serving on average about 900 victims per year for over the last 15 years. The following examples of cases are some of the recent situations domestic violence case workers have encountered:

- Provided crisis intervention, case management, advocacy, and ongoing emotional support to a woman who had just moved back to Elgin to live with her brother, after she had been living in California and escaped her abusive ex-husband. With the support of the Domestic Violence Case Managers and the victim's brother, this victim now reports having stabilized her life.
- Provided crisis intervention, case management, advocacy, and ongoing emotional support to a female victim who was severely beaten by her boyfriend. This victim is currently faced with fiscal hardships due to having been financially dependent on the abuser. The

Domestic Violence Case Manager also linked this victim to community resources for rent assistance and utilities, and helped her to apply for victim compensation to be reimbursed for dental bills and the wages from the days of work she missed due to the victimization. Currently, the Domestic Violence Case Manager is also working with the victim's Department of Children and Family Services (DCFS) case manager to ensure the client achieves treatment goals for both her and her children.

- Provided crisis intervention, case management, advocacy, and ongoing emotional support for a female victim of domestic violence and her two girls who, in addition to the trauma of having witnessed the domestic violence, were experiencing anxiety over the possibility of being deported because they are undocumented immigrants. This family was also linked to specialized immigration resources within the Elgin area.
- Provided crisis intervention, case management, advocacy and ongoing emotional support to a developmentally challenged female victim of domestic violence. Also worked with local Community Crisis Center and the Ecker Center to assist this victim in obtaining a new guardian/payee. In addition, worked with the victim's landlord to change the locks on the client's apartment doors to further ensure her safety.
- Provided ongoing emotional support and trauma-centered counseling to a young female victim of domestic violence who had contacted the Social Services Unit and requested counseling. This 26-year-old victim reported she had been helped by the Social Services Unit before when she was 13-years-old, but now she is experiencing post trauma issues related to the sexual abuse she had experienced by an uncle when she was between the ages of 9 and 12.

- Provided crisis intervention, case management, advocacy and ongoing emotional support to a family waiting in the Elgin Police Department lobby to meet with DCFS due to the father's abuse to his children. The mother of the children is deceased. Therefore, the children were released to her brother. Provided family with resources to seek ongoing legal advocacy to obtain guardianship of children.
 - Provided crisis intervention, case management, advocacy and ongoing emotional support to adoptive parents who reported that their children's biological mother took their adopted children to Colorado and refused to return them. In this case, staff also worked with Colorado police to ensure the safe return of the children to their adoptive parents.
 - Worked with Elgin police and detectives to provide crisis intervention to a victim of domestic violence whose abusive husband had just burned down her house. Ongoing case management, advocacy, and emotional support is currently being provided to this victim and her daughter to obtain shelter and resources, completed the victim compensation packet and provided trauma-centered counseling.
2. *If your agency does not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.*

The Social Services Unit of the Elgin Police Department has been providing victim services for 26 years. However, due to the lack of funding to increase staff, the unit has only been able to serve on average 1000 crime victims per year out of an average of 6,500 crime victims per year who reside in the City of Elgin. Therefore, approximately 80% of crime victims in Elgin do not receive services.

3. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.

Currently, the Social Services Unit has only one funding source for victim services, which is the VOCA grant # 215246. This VOCA grant is funding the current grant period that began September 1, 2016 and will end on December 31, 2017. The current total dollar amount from this fund is \$90,608.00, which pays for the salary of three professional part-time Domestic Violence Case Managers, two who work 20 hours per week each, and one who works 10 hours per week. The Social Services Unit supervisor has managed the budget with the assistance of the financial administrative staff at the Elgin Police Department and the City of Elgin. Prior to the current grant period the Social Services Unit's Domestic Violence program has been funded by various grant funding sources, but mostly by VOCA grants since 2001. Fiscal responsibility for these grants had also been effectively managed by the Social Services Unit supervisor in collaboration with the financial administration of the Elgin Police Department and the City of Elgin. Years of successful fiscal management of grant funding demonstrates proven ability to manage the budget for this new VOCA grant initiative.

In addition, the City of Elgin received a GFOA certificate of achievement for excellence in financial reporting. The City has had no significant deficiencies or material weaknesses noted in our management letter received from the City's independent auditors. The City of Elgin has received both federal and non-federal grant funding that are required to have a single audit each year. The City's Finance Department assists all departments, including the Elgin Police Department, with grants as requested or required. All grant activity is recorded through the City's accounting software within the accounting system and is reviewed by a Finance

Department staff member. The Finance Department also manages and updates everything within the GATA system for all grant funding that all the City's departments receive. The Finance Department is fully staffed with a CFO, a Finance Manager, Senior Accountant, and an accountant who is dedicated to managing grants from the fiscal perspective. The Elgin Police Department also has a Budget Analyst whose responsibility is to complete the grants' quarterly fiscal reports.

4. *If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.*

The Social Services Unit will expand its current victim services to include all victims of all types of crime, with the highest priority given to victims of violent crimes. To date, the main focus has been on victims of domestic violence because the domestic violence program has been fully funded by the current VOCA grant, which is limited to providing direct services only to victims of domestic violence. This program employs three part-time professional Domestic Violence Case Managers whose total number of work hours combined is 50 hours per week. The current VOCA funding for the domestic violence program will end at the end of 2017 and will not be renewed. The Social Services Unit will use new VOCA funding to expand the existing part-time Domestic Violence Case Managers' roles to be full-time; specifically, victim services staff who will be able to intervene earlier and stay engaged longer with all victims of all types of crimes. The Victim Services staff will be highly trained, and experienced social work and counseling professionals who will be able to ensure victims have sufficient help to fully recover from the trauma of victimization and receive all the services they need to stabilize their lives and to prevent re-victimization. With the new VOCA funding, the Social Services Unit will be able to provide dedicated, professional staff to provide the best-practice victim services to all victims

of all types of crime and no longer have to depend on temporary and inexperienced college interns.

5. *Describe how your agency will financially sustain the program at the end of the three-year funding period.*

The City Of Elgin and the Elgin Police Department understands the importance of continuing to make victim services visible and available to the community beyond the term of the grant. To ensure that this commitment remains at the forefront of leadership for the city and community, the unit plans to provide statistics and budget request inclusion on a regular basis to the city council, city senior staff, and police department administrative staff.

Every year, inclusive of the grant period, the department will introduce a funding package for the costs associated with maintaining the personnel and program incidentals that the grant will cover. This will help keep the program highlighted for planning purposes as the grant nears its conclusion. Additionally, in 2019 the costs associated with the program will be built into the police department's five year plan, which is used to formulate annual budget discussions.

The department commits to the following in an effort to work towards continued post-grant program funding:

- Each July, the police department will provide an analysis of the Victim Services program to the city council during the midyear informal budget review retreat.
- In July 2021, the internal police department budget team will present a formal proposal for funding the 2022, and beyond, Victim Services program.

- The police department will present a decision package every budget season. This is a package that describes new projects deemed necessary or desirable by the presenting department, along with the cost estimates.
- The budget team examines the totality of the decision package requests and determines which initiative best satisfies city council priorities
- The City Council then allocates funds for approved requests upon approval, the three Victim Services staff supported by the grant will become fully supported by the city of Elgin's general fund.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state's attorney's offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. *Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:*
 - a) *How victims will be screened for eligibility,*

Eligibility will be determined upon validation of victimization. At that point, Victim Services staff will work directly with Elgin police to respond to all victims of all crimes, based on established prioritization criteria, in a timely basis. In addition, repeat victims, meaning victims of more than one crime, will be identified by police and also given high priority for victim services. Beyond violent crimes, the severity of crime and trauma experienced by victims will be used as criteria in determining which victims have the greatest need for services.

b.) How referrals will be made for services,

Victim Services staff will network with detectives and officers to identify immediate outreach needs. There will also be a tiered system established to identify call types requiring a swift response from Victim Services staff. In addition, they will have direct access to police reports and all victims' contact information to be able to reach out to all victims of all crimes after the incidents were reported to police. A daily report recapping the prior day's incidents will also assist with the identification of victim needs.

c.) How services will be available for all victims of crime,

Victim Services staff will meet victims in the Elgin Police Department. For the most urgent incidents, they will work directly with first responding patrol officers to assist victims immediately after the crime has occurred. In addition, they will be available to victims who request help directly from the Social Services Unit, either by coming to the information desk in the Police Department or by calling.

d) Location of victim service staff within law enforcement agency or state's attorney's office, and

Victim Services will be a function of the Social Services Unit that has offices within the Elgin Police Department.

e) Coordination of services with other victim service staff.

Within the Elgin Police Department:

- Daily review of incident report to identify potential victims in need

of assistance.

- Weekly team meetings to ensure the continuity of services are being offered and accountability measures are upheld.
- Quarterly meeting with officers to reassess victims' needs.
- Increase social media presence and information sharing.

With community partners:

- Quarterly meetings with known victim services providers and advocates.
- Seek additional community partners to enhance outreach resources for victims.

2. *Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.*

The VOCA program proposed in this application will be an expansion of services that the Social Services Unit already provides with the aim to expand earlier intervention assistance to victims, to serve all victims of all crimes, and to remain engaged with victims longer. This ensures their needs continue to be met until they are no longer affected by the trauma of victimization and are fully stabilized. This program expansion will entail increasing the current domestic violence program staff's part-time hours to full-time, including assigning the role of Victim Services Specialist to one of the members. The Victim Services staff will work as members of the first-responding police team to provide direct services to all victims of all types of crime in a timely basis, with the highest priority given to victims of violent crimes. Direct

services will include immediate crisis intervention, case management, advocacy, and ongoing emotional support.

The Social Services Unit within the Elgin Police Department are already providing these services to victims of crime, with most of its focus on victims of domestic violence.

Current Crisis Intervention Services:

Crisis intervention as defined by this VOCA RFP's technical training video "refers to victim de-escalation, emotional support, and guidance provided by advocates." Also per the training video, this intervention "may occur at the scene of the crime, immediately after the crime, or be provided on an ongoing basis."

Currently, the Social Services Unit within the Elgin Police Department has a formal VOCA domestic violence program that provides crisis counseling, the equivalent to crisis intervention as defined for this RFP, to victims of domestic violence only. Domestic Violence Case Managers receive most of their initial victim contact information from Elgin police reports and directly from Elgin police seeking help with victims in person. In addition, standard first-responder protocol for police is to give information and referrals to victims. This information is provided in English and Spanish, and includes who to contact for additional help, including the direct phone number to Elgin police Social Services domestic case managers, the local crisis center, and the State's Attorney's Office.

The current Domestic Violence Program's Social Services Unit interns and the Social Services supervisor provide crisis intervention to victims of other crimes as referred to them by police or to those who call the Social Services Unit directly and request help. This activity is conducted as needed.

When victims of any type of crime come to the Social Services Unit for help, they receive all direct services for free, including crisis counseling, which is both trauma-centered and psychoeducational, including needs assessment, safety planning, trauma-based Cognitive Behavioral Therapy (CBT), and more. Both victims and their children receive individual and family crisis counseling as needed.

With additional funding from this new VOCA grant, the Victim Services staff will be able to intervene earlier and with all victims of all types of crime, rather than be limited to the current focus on only victims of domestic violence.

Current Case Management Services:

Current case management services provided by the Social Services Unit include helping victims to identify their needs and to achieve their goals, as defined by this VOCA RFP's training video. They also include coordination of services with other agencies in the community. The Domestic Violence Case Managers, currently funded by an expiring VOCA grant, the Social Service interns and the supervisor collaborate with other community agencies, including, but not limited to, the Kane County State's Attorney, the Cook County State's Attorney, Renz Addiction Center, PADs Shelter for the Homeless, the Community Crisis Center, the Ecker Center, Family Services Association, and local hospitals, clinics, and schools as needed. They also provide information and referrals to other agencies and follow up as needed. Currently, nearly all the victims who receive this service are victims of domestic violence due to the dedicated focus on the current VOCA-funded Domestic Violence Program. However, any victim requesting this assistance receives it.

The Social Service Unit interns and the supervisor also provide case management services to any vulnerable resident in Elgin who is not a victim of crime and who either directly

asks for help or who is referred to the unit by police, schools, and other organizations within the community.

Current Advocacy Services:

The Social Services Unit within the Elgin Police Department already provides advocacy services to victims. As defined by this VOCA RFP’s training video, the current advocacy activities include helping victims to understand and securing rights, providing information about victim compensation to include application assistance, helping victims obtain civil and criminal orders of protection, and any transportation needs.

Current Ongoing Emotional Support Services:

On occasion when resources are available, the Social Service Unit provides additional follow up with victims as needed. However, due to lack of staff dedicated to overall victim services, long-term emotional support services have not been able to be maintained. The additional funding provided by this grant will provide more long-term and comprehensive emotional support to victims.

3. Project the number of clients to be served during the grant period. Explain and justify this projection.

According to the Elgin Police Department’s [crime statistics](#), there have been a total of 5,860 Part 1 crimes during the past three years (2014, 2015, 2016), which is an average of 1,953 Part 1 crimes per year. Per the January 17, 2017 [Elgin Police News Release](#), “The Part 1 crime rate encompasses a standardized federal measurement of serious crimes that are committed against people and property.” These crimes include homicide, forcible rape/criminal sexual assault, robbery, battery, assault, burglary, and arson. In addition, there is an average of 960 incidents of domestic/family violence reported to police every year. The average total of victims of all crimes

combined, is 6,500 per year. The Social Services Unit intends to serve, at a minimum, all victims of Part 1 Crimes and all victims of Domestic Violence as their highest priority, which comes to an average of about 3,000 victims per year. Victims of Part 2 and lesser crimes will also be served, but they will not be given as high as priority, assuming they will not be as traumatized as victims of Part 1 crimes. There are on average of 3,500 victims of Part 2 crimes, which are non-violent and less severe in the amount of harm or trauma that they cause victims. These victims will also be served, but due to lack of severity and lesser degree of trauma, they will not be given the highest priority. In summary, the estimated number of victims the Victim Services staff will serve in a year is a minimum of 3,000 victims and a maximum of 6,500.

4. Describe known barriers to victims accessing victim services and how your agency will address these.

One barrier to accessing victim services has been the length of time victims have had to wait for help to be available to them due to the shortage of Social Services staff. Another barrier has been insufficient bilingual staffing within the Social Services Unit to effectively help the Hispanic victims who speak only Spanish. In addition, a common barrier is the lack of transportation to get to the Elgin Police Department or to attend court. Another obstacle is the lack of awareness of victim services. To address these hurdles, the Victim Services staff will consist of a sufficient number of full-time employees to be able to intervene and engage with victims immediately after the crime occurred. In addition, one of these full-time employees will be bilingual and will be dedicated to serving the Hispanic population in Elgin who cannot speak English. All full-time employees will provide transportation to victims as needed, and with the help of police stand-by services if necessary. To address awareness of services, the Victim Services staff will participate with the Elgin Police Community Engagement activities to

increase public awareness of victim services.

5. *Describe how the program design will incorporate trauma-informed care, as described in Attachment 1 of the Notice of Funding Opportunity.*

The Victim Services staff will receive trauma-informed-care certification and will continue to update their knowledge on trauma by participating in continuing education seminars. The standard operating procedure for trauma-informed care for serving victims will be reviewed and updated as necessary to ensure both first-responding police officers and the social workers from the victim services program approach victims with trauma-informed care, including all of the key components as stated in Attachment 1: 1) recognize the impact of trauma on multiple areas of life and different paths to recovery, 2) awareness of the signs and symptoms of trauma, 3) comply with policies and practices that account for and are sensitive to people's potential trauma histories, and 4) seek to prevent re-traumatization. Additionally, the Victim Services staff will ensure all the key principles of trauma-informed care are included in the service plans; a) safety, b) trustworthiness and transparency, c) peer support, d) collaboration and mutuality, d) empowerment, voice and choice, and e) cultural, historical, and gender issues.

6. *Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.*

The Victim Services staff will include in their service plan regular follow up with victims after the adjudication process has ended and for as long as services are required. Depending on the needs of each victim, free ongoing and regular counseling, case management, and emotional support will be provided. If victims require additional support such as psychiatric evaluations, housing, etc., they will be referred to the appropriate community clinic or agency. In addition,

the Victim Services staff will coordinate these services for the victims and act as a liaison among service providers to ensure all the victims' needs are met.

7. *Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.*

The Social Services Unit has many collaborative working relationships throughout the greater Elgin area. The following is a list of these partners and the services that they provide: The Elgin Community Crisis Center, a women's shelter for victims of domestic violence that ensure victims are provided a safe location to reside while receiving direct services and indirect service provided by the Social Services Unit; PADS Homeless Shelter that provides victims safe temporary housing; The Kane and Cook County State's Attorney Office Victim Advocates who safe-guard rights of victims while providing legal assistance; Ecker Center and Family Services Association, a mental health care provider that gives victims and their children mental health treatment along with counseling provided in conjunction with the Social Services Unit; The Renz Addiction Treatment Center that looks to address substance abuse issues the victim may have; School District U-46's social workers to address victimized youth ensuring all receive needed support in school. Overall the Social Service Unit works directly with Elgin officers to support victims and identify needs and provide stabilization to their lives.

8. *Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program.*

The Victim Services staff will ensure all victims are aware of the VOCA Victims' Compensation Program by advertising the material in brochures that inform the public of the Victim Services program. The information will be provided in a document that first-responding

police officers give to victims at the crime of the scene, and it will become a part of victims' service plans. In addition, the VOCA Victims' Compensation program will be explained in follow up phone calls and letters to victims.

*Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.

D. Staffing Plan

1. *List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.*

All Victim Services staff will be located at the Elgin Police Department. There are a total of three full-time staff positions proposed for this VOCA grant funding:

- The *Victim Services Specialist* will coordinate and oversee all activities performed by the VOCA Victim Services staff to ensure those victims with the most urgent needs are given the highest priority for service. In addition, they will monitor activities to ensure grant requirements are met, including generating required grant reports. They will also consult on all cases as well as provide direct services to victims, act as a liaison between all other police personnel, and schedule and moderate networking as described in Direct Services section E. Monthly reports will be generated for the City of Elgin and the Elgin Police Department to demonstrate the general outcomes of Victim Services activities. The Victim Services Specialist will also train social work interns who will be working in the Victim Services program. The Victim Services Specialist will be on-call after hours, and will report to the Social Services Unit supervisor.
- The *Victim Services Interventionist*, will be a direct service provider to victims.

Responsibilities will include providing trauma-informed Crisis Intervention, Case Management, Advocacy, and Ongoing Emotional Support. The Victim Services Interventionist will be on-call after hours and report to the Social Services Unit supervisor.

- The *Bilingual Victim Services Interventionist* will be a direct service provider for those victims who speak only Spanish. Responsibilities include providing trauma-informed Crisis Intervention, Case Management, Advocacy, and Ongoing Emotional Support. The Bilingual Victim Services Interventionist will be on-call after hours and will report to the Social Services Unit supervisor.

All three of the Victim Services staff will work full-time (40 hours each per week), and they will be 100% dedicated to the VOCA Law Enforcement Prosecution, and County-CASA Victim Assistance Program, Track One. All three Victim Services staff will report directly to the Social Services Unit supervisor, who will be reporting to a police Commander. All three positions, including salary and fringe benefits, will be fully funded by VOCA, if the ICJIA selects this proposal for funding.

2. *What are the primary qualifications of program-funded staff (education, language skills, etc.)?*

All three of the Victim Services staff must have a Master's degree in Social Work, Human Services or a related field. The Bilingual Victim Services Interventionist must speak and write fluent English and Spanish. All staff must have a minimum of two years of professional experience in counseling, case management, advocacy. In addition to these qualifications, the Victim Specialist should have project management and grant reporting experience.

3. *Describe how cases are coordinated and supervised within the agency.*

Currently, victims of domestic violence are given the highest priority in the agency because domestic violence incidents are the highest volume of calls to police. These cases are coordinated by the Domestic Violence Case Managers who receive most victim referrals from police reports. The Domestic Violence Case Managers are 100% dedicated to Domestic Violence victims, and they report to the Social Service Unit supervisor. They follow up with victims and provide Crisis Intervention, Case Management, Advocacy, and Ongoing Support to victims of Domestic Violence only. In addition to victims of domestic violence, Elgin police officers daily refer victims of other crimes to the Social Services Unit supervisor, who assigns only a limited number of these cases to social work interns due to the lack of staff who are qualified to work with crime victims. In the future, should the Social Services Unit be awarded funding for this grant proposal, The Victim Services Specialist will be hired to coordinate all victim services.

4. *Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.*

All Victim Services staff and the Social Services Unit supervisor will be required to attend trauma training/certification provided by the Illinois Victim Assistance Academy. This trauma training will be coordinated by the Elgin Police Training Officer.

5. *What other training needs have you identified for staff funded under this program?*

The Victim Services staff will attend continuing education seminars as required to maintain their professional licensure as well as other training as needed to best serve victims. This training may include seminars on the most current best practices for serving victims of sexual assault, domestic violence, gang violence, robbery, and other traumatic crimes.

6. *How will you address those training needs? If you are unable to address those needs, please explain why.*

The Social Services supervisor and the Victim Services Specialist will confer regarding necessary ongoing staff training needs and make requests for this training to the Elgin Police Training Officer, who will grant requests based on the availability of training funds in the Elgin Police Department Training budget.

7. *Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.*

The Elgin Police Department uses volunteers in different units for performing various clerical tasks. The Social Services Unit of the Elgin Police Department uses only social work interns from accredited universities. The Elgin Police Department volunteers typically work within Community Relations and work no more than five hours per week. The social work interns typically work 15 to 20 hours per week and provide counseling and case management services to various populations in Elgin. Two Master's level college social work interns who will work 12 hours each per week, and one Bachelor's level social work intern who will work 8 hours per week will assist the VOCA Victim Services staff. All social work interns are required to attend Mental Health First-Aid training, domestic violence training, and child and elder abuse reporting acts. Every social work intern receives an hour of clinical supervision per week on the cases assigned to them that focuses on best practices and modality and theory. In addition, the social work interns assigned to the Victim Services staff will receive trauma-informed care training.

8. Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent** |
|---|-------------------------------------|--------------------------------------|---------------------------------------|
| <i>Example: Volunteer Coordinator</i> | .50 | 100 | .5 |
| <i>Example: Advocate</i> | .75 | 50 | .375 |
| Grant coordinator and direct victim services provider (Victim Services Specialist) | 100 | 100 | 100 |
| Direct victim services provider (Victim Services Interventionist) | 100 | 100 | 100 |
| Bilingual direct victim services provider (Bilingual Victim Services Interventionist) | 100 | 100 | 100 |
| TOTAL | | | |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted if application is funded.

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|---|-----------------------------------|------------------|
| <i>Example: Hire Staff</i> | <i>Program Administrator</i> | <i>Month One</i> |
| <i>Example: Train Staff</i> | <i>Training Coordinator</i> | <i>Month One</i> |
| Hire staff/increase hours of existing part-time staff | Social Services Unit supervisor | Month One |
| Train staff | Social Services Unit | Month One |

| | | |
|--|--|--|
| | supervisor | and ongoing as needed |
| Create/update protocols, polices, and brochures for Victim Services | Victim Services Specialist | Month One and ongoing as needed |
| Install and customize new software to streamline grant activities and track data | Social Services Unit supervisor and Victim Services Specialist | Month Three |
| Educate Elgin Police on the VOCA program and how the Victim Services Unit staff will work with them to serve all victims | Victim Services Specialist | Month One and ongoing quarterly meetings |
| Provide direct services to crime victims | All Victim Services staff | Month One and ongoing |
| Submit quarterly data report to the Authority | Victim Services Specialist | 15 th of every quarter |
| Submit quarterly fiscal reports to the Authority | Victim Services Specialist and Elgin Police Budget Analyst | 15 th of every quarter |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

Tracks I and II Goals, Objectives, and Performance Measures:

| | |
|---|---|
| Goal: To provide advocacy services to victims of crime. | |
| Objective | Performance Measure |
| SCREENING | |
| # <u>4,000</u> victims screened for eligibility by your agency. | # of victims screened for eligibility by your agency. # of victims not eligible for services by your |

| | |
|---|---|
| # <u>4,000</u> clients will be provided services by your agency. | agency and referred to a victim service provider. Please list the agencies to which you referred. # of clients provided services by your agency. |
| <i>INFORMATION & REFERRAL</i> | |
| # <u>4,000</u> clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. |
| # <u>4,000</u> clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. |
| # <u>2,000</u> clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred. # of times staff provided referrals to other victim service providers. |
| # <u>2,000</u> clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # ____ clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, supports, and resources. |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| # <u>4,000</u> clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| # <u>4,000</u> clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| # <u>300</u> clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |
| # <u>150</u> clients will receive child or dependent care | # of clients provided with child or dependent care |

| | |
|---|---|
| assistance. | assistance. # of times staff provided child or dependent care assistance. |
| # <u>500</u> clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| # <u>1000</u> clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| # <u>500</u> clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # <u>200</u> clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # <u>200</u> clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| # <u>4,000</u> clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| <i>SHELTER/HOUSING SERVICES</i> | |
| # <u>500</u> clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| # <u>4,000</u> clients will receive notification of criminal | # of clients provided notification of criminal |

| | |
|--|--|
| justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | justice events. # of times staff provided notification of criminal justice events. |
| # <u>100</u> clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # <u>0</u> clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| # <u>500</u> clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |
| # <u>500</u> clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. |
| REQUIRED TRAININGS | |
| # <u>3</u> staff will receive training on trauma | # of staff trained # of trainings on trauma held |

Additional Track II Goals, Objectives, and Performance Measures:

This proposal is only for Track I only.

| | |
|---|---|
| REQUIRED TRAININGS | |
| # ____ of individuals interviewed to become a CASA volunteer. | # of individuals interviewed to become a CASA volunteer. # of individuals offered a volunteer CASA position. |
| # ____ of volunteer trainings to be held. | # of volunteer trainings held. # of volunteers trained. |
| # ____ of current CASA volunteers. | # of current CASA volunteers. |
| # ____ of cases to be reviewed and assigned to advocates. | # of cases reviewed and assigned to advocates. # of clients served by advocates. # of supervision meetings held with advocates. |

| | | |
|---------------------------------|--|--------------------------------------|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Jus |
| CFSA Number: 546-00-1474 | 01-022-4772 | NOFO ID: 1474-361 |
| CFSA Number: 546-00-1474 | | State Fiscal Year(s): 18-19 |

All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting f

SECTION A --

| Revenues | Year 1 | | |
|---|------------|--|--|
| (a). State of Illinois Grant Amount Requested | \$ 259,393 | | |

BUDGET SUMMARY

| Budget Expenditure Categories <i>Uniform Guidance Federal Awards Reference 2 CFR 200</i> | OMB | Year 1 | | |
|---|-----|-------------------|--|--|
| 1. Personnel (Salaries & Wages) 200.430 | | \$ 167,415 | | |
| 2. Fringe Benefits 200.431 | | \$ 58,564 | | |
| 3. Travel 200.474 | | | | |
| 4. Equipment 200.439 | | \$ 22,414 | | |
| 5. Supplies 200.94 | | \$ 11,000 | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | | \$ - | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | | \$ 259,393 | | |
| 17. Indirect Costs* (see below) 200.414 | | | | |
| Rate: <u> </u> % Base: \$ <u> </u> | | \$ - | | |
| 18. Total Costs State Grant Funds (lines 16 and 17) | | \$ 259,393 | | |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
 Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is _____%

5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|---------|
| Period Covered by the NICRA: | _____ |
| Approving Fed/State Agency (please specify): | _____ |
| The Indirect Cost Rate is: | _____ % |
| The Distribution Base is: | _____ |

| | | | | |
|--|---|--------|---|--|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| | 01-022-4772 | | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | | | State Fiscal Year(s): 18-19 | January1,2018 through December31,2018 |
| <p><i>If you are required to provide or volunteer to provide cost-sharing, matching funds, other funding or contributions to the project, these should be shown for each applicable budget category. All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under " Year 1." Please read all instructions before completing form.</i></p> | | | | |
| SECTION B -- MATCH FUNDS | | | | |
| Program Revenues | | | | |
| Grantee Match Requirement: <u>0.20</u> % <i>(ICJIA to populate only if match is required)</i> | | | | |
| (b). -Cash | \$ | - | | |
| (c). -Non-cash | \$ | 51,879 | | |
| (d). Other Funding & Contributions | | | | |
| NON-STATE Funds Total | \$ | 51,879 | | |
| BUDGET SUMMARY MATCH FUNDS | | | | |
| Budget Expenditure Categories | | | | |
| <i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i> | Year 1 | | | |
| 1. Personnel (Salaries & Wages) 200.430 | \$ | 33,483 | | |
| 2. Fringe Benefits 200.431 | \$ | 11,713 | | |
| 3. Travel 200.474 | \$ | - | | |
| 4. Equipment 200.439 | \$ | 4,483 | | |
| 5. Supplies 200.94 | | | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | \$ | 2,200 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | \$ | 51,879 | | |
| 17. Indirect Costs* (see below) 200.414 | | | | |
| Rate: _____ % Base: _____ | \$ | - | | |
| 18. Total Costs NON-ICJIA (Match) Funds (lines 16 and 17) | \$ | 51,879 | | |

| | | | |
|--------------------------|--|---|--|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| CFSA Number: 546-00-1474 | 01-022-4772 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | 0 | State Fiscal Year(s): 18-19 | January 1, 2018 through December 31, 2018 |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

Implementing Agency

Program Agency

City of Elgin

Name of Applicant Institution/Organization

Signature

Debra Nawrocki

Name of Official

Chief Financial Officer (or equivalent)

Title

Chief Financial Officer (or equivalent)

Date of Signature

City of Elgin

Name of Applicant Institution/Organization

Signature

David Kaptain

Name of Official

Mayor

Title

Executive Director (or equivalent)

Date of Signature

Elgin Police Department

Institution/Organization

Signature

Jeffrey Swoboda

Name of Official

Chief Of Police

Title

Executive Director (or equivalent)

Date of Signature

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | |
|--|--|---------------|-----|---|
| Grantee (or Subgrantee) DUNS: | 674095 | | | |
| Grantee (or Subgrantee) Name: | City of Elgin | | | |
| Grantee (or Subgrantee) DBA: | | | | |
| Grantee (or Subgrantee) Address: | 150 Dexter Court Elgin, IL. 60120 -5570 | | | |
| City: | Elgin | State: | IL. | Zip+4: 60120-5503 Congressional District: 8 |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | |
| City: | Elgin | State: | IL. | Zip+4: 60120_5503 Congressional District: 8 |
| Grant #: | Award Amount: \$ 259,393 January 1, 2018 through December 31, 2018 | | | |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | |
| Yes <input type="checkbox"/> If yes, you are not required to provide data. | | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | |
| Please provide names and total compensation of the top five officials: | | | | |
| Name: | | Amount: | | |

Section C - Budget Worksheet & Narrative

1). **Personnel (Salaries & Wages)** (2 CFR 200.430) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Name | Position | Computation | | | | Federal/State Amount | Match | Total Cost |
|---------------------|--|----------------|---------------------|-----------|------------------------------|----------------------|---------------------|------------|
| | | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Quantity (based on Yr/Mo/Hr) | | | |
| <i>Lark Syrris</i> | <i>Victim Services Specialist</i> | \$ 59,447 | year | 100.00% | year | \$ 59,447 | \$ 11,890 | \$ 71,337 |
| <i>Vanesa Botti</i> | <i>Victim Services Interventionist</i> | \$ 56,616 | year | 100.00% | year | \$ 56,616 | \$ 11,323 | \$ 67,938 |
| <i>Ada Martinez</i> | <i>Bilingual Vic Interventionist</i> | \$ 51,352 | year | 100.00% | year | \$ 51,352 | \$ 10,270 | \$ 61,623 |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| <i>Total</i> | | | | | | | \$ 33,483.00 | |

Personnel Narrative:

- *Total salary cost for the three 40 hours Victim Services Staff = \$167,414. Staff Syriss salary = \$59,447, hourly pay rate of \$28.58 hourly x 40 hours weekly = \$ 1, 1432 x 52 weeks = \$ 59,446 yearly.*
- *Staff Syrris yearly \$59,447 hourly pay rate of \$28.58 hourly x 40 hours weekly = \$ 1, 1432 x 52 weeks*
- *Staff Botti salary yearly = \$56,616, hourly pay rate of \$27.21 hourly x 40 hours weekly = \$1,088x52weeks*
- *Staff Martinez yearly = \$51,352 yearly hourly pay rate of \$24.69 hourly x 40 hours weekly = \$988 x52 weeks*

- *Staff Syriss Victim Services Specialist roles and responsibilities include: coordinate and oversee all activities performed by the VOCA Victim Services staff, generate all required grant reports and ensure all grant requirements are met, provide direct services to victims, and be liaison between Elgin Police Units and the Victims Services. Responsibilities include providing trauma-informed Crisis Intervention, Case Management, Advocacy, and Ongoing Emotional Support. May transport victims as needed. Will train social work interns who will be working in the Victim Services program. The Victim Services Specialist will on call after hours, and will report to the Elgin Police, Social Services Unit supervisor.*
- *Staff Botti Victim Services Interventionist roles and responsibilities include: Provide direct services to victims. Responsibilities include providing trauma-informed Crisis Intervention, Case Management, Advocacy, and Ongoing Emotional Support. May transport victims as needed. The Victim Services Interventionist will be on call afterhours and will report to the Social Services Unit supervisor.*

- by Martinez and will report to the Social Services Unit supervisor.
- *Staff Martinez Bilingual Victim services Interventionist roles and responsibilities include: provide direct services to those victims who speak only Spanish. Responsibilities include providing trauma-informed Crisis Intervention, Case Management, Advocacy, and Ongoing Emotional Support. May transport victims as needed. The Bilingual Victim Services Interventionist will be on call after hours and will report to the Social Services Unit supervisor.*
 - There is a in-kind match of \$51,879 20% for this grant application \$33,483 of that dollar amount will be applied to the personnel section the match funds which consist of the existing supervisors time and vounteer professionals time (social work Interns value of \$16 per hour for two Master level students at \$16 per hour for 52 weeks and one Bachelor student at \$14 per hour for 8 hours per week for 52 weeks. Of the \$51,879 match \$ 33483 is applied to the Personnel.

Section C - Budget Worksheet & Narrative

3). Travel (2 CFR 200.474)-- Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. **NOTE:** Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the contractual category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

Column G ("Basis") defines the quantity being measured. For example, if your expense is two nights in a hotel, the basis is "Nights." If the expense is 300 miles, the basis is "Miles."

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Purpose of Travel (brief description) | Location | Computation | | | | | | Federal/State Amount | Match | Total Cost |
|--|----------|-------------|-----------|----------|-------|---------|------------|-------------------------|-------|------------|
| | | Items | Cost Rate | Quantity | Basis | # Staff | # of Trips | | | |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| <i>Total</i> | | | | | | | \$ - | \$ - | \$ - | |

Travel Narrative:

Section C - Budget Worksheet & Narrative

6. Contractual Services (2 CFR 200.318) & Subawards (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88). **However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information.** This budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | | | Federal/State Amount | Match | Total Cost |
|--------------|----------------|-------|----------------|---|----------------------|-------|------------|
| | Cost per Basis | Basis | Length of Time | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | |
| N/A | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| Total | | | | | \$ | - | \$ |
| | | | | | | - | \$ |
| | | | | | | - | \$ |

Contractual Narrative:

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| N/A | | | | | \$ - |

Indirect Cost Narrative:

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Institution/Organization

Signature

Signature

Name of Official

Name of Official

Title
Chief Financial Officer (or equivalent)

Title
Executive Director (or equivalent)

Date of Signature

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|--------------------------------|-----------------------------|---------------------|----------------------|
| 1. Personnel | \$ 167,415.00 | \$ 33,483.00 | \$ 200,898.00 |
| 2. Fringe Benefits | \$ 58,564.00 | \$ 11,713.00 | \$ 70,277.00 |
| 3. Travel | \$ - | \$ - | \$ - |
| 4. Equipment | \$ 22,414.00 | \$ 4,483.00 | \$ 26,897.00 |
| 5. Supplies | \$ 11,000.00 | \$ 2,200.00 | \$ 13,200.00 |
| 6. Contractual Services | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. Indirect Costs | \$ - | \$ - | \$ - |
| TOTAL PROJECT COSTS | \$ 259,393.00 | \$ 51,879.00 | \$ 311,272.00 |

| | | | |
|------------------------------|---|--|--|
| ICJIA Agency Approval | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| CFSA Number: 546-00-1474 | 01-022-4772 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | 0 | State Fiscal Year(s): 18-19 | January 1, 2018 through December 31, 2018 |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.
4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.
5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.
- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Application for State Grant Assistance

Updated by ICJA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|--|---|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | |
| Catalog of Federal Domestic Assistance (CFDA) <input checked="" type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|---|---|
| 22. | Legal Name | (Name used for DUNS registration and grantee pre-qualification.) County of Franklin |
| 23. | Common Name (DBA) | |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 37-6000838 |
| 25. | Organizational DUNS number | 029983186 |
| 26. | SAM expiration date | 04/21/2018 |
| 27. | SAM Cage Code | 5N1B8 |
| 28. | Business Address | Street address: 202 W MAIN ST STE 1 City: BENTON State: IL County: FRANKLIN Zip + 4: 62812-1300 |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|-------------------------|--|
| 29. | First Name | Beth |
| 30. | Last Name | Sandusky |
| 30. | Suffix | |
| 31. | Title | Victim Services Coordinator |
| 32. | Telephone Number | 618-439-0205 |
| 33. | Fax Number | 618-435-2349 |
| 34. | Email address | bsandusky@franklincosa.com |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|-------------------------|--|
| 35. | First Name | Beth |
| 36. | Last Name | Sandusky |
| 37. | Suffix | |
| 38. | Title | Victim Services Coordinator |
| 39. | Telephone Number | 618-439-0205 |
| 40. | Fax Number | 618-435-2349 |
| 41. | Email address | bsandusky@franklincosa.com |

Program Agency Information (If different from Implementing Agency.)**

| | | |
|-----|-----------------------------------|--|
| 42. | Legal Name | (Name used for DUNS registration.) Franklin County State's Attorney |
| 43. | Organizational DUNS number | 831648659 |
| 44. | SAM expiration date | 04/21/2018 |
| 45. | SAM Cage Code | 5NCK4 |
| 46. | Business Address | Street address: 411 EAST MAIN City: BENTON State: IL County: FRANKLIN Zip + 4:62812-2155 |

| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
|--|--|---|
| 47. | First Name | Beth |
| 48. | Last Name | Sandusky |
| 49. | Suffix | |
| 50. | Title | Victim Services Coordinator |
| 51. | Telephone Number | 618-439-0205 |
| 52. | Fax Number | 618-435-2349 |
| 53. | Email address | bsandusky@franklincosa.com |
| Areas Affected** | | |
| 54. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | (If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.) Franklin |
| 55. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 12th State Senate District: 59th State Representative District: 117 th |
| 56. | Primary Area of Performance | (This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.) Benton, IL 62812-2155 |
| 57. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 12th State Senate District: 59th State Representative District: 117 th |
| Applicant's Project** | | |
| 58. | Description Title of Applicant's Project | (Text only for the title of the applicant's project.) Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 59. | Proposed Project Term | Start Date: January 1, 2018 End Date: December 31, 2018 |
| 60. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$59718.00 <input type="checkbox"/> Budgeted Amount: \$123590.00 <input type="checkbox"/> Match: \$30898.00 <input type="checkbox"/> Overmatch: \$32974.00 <input type="checkbox"/> Program Income: \$ <div style="text-align: right;">Total Amount : \$ 123590.00</div> Indirect cost rate: _____% |
| Applicant Certification: By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001) (*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. | | |

I agree

Implementing Agency Authorized Official (Director, President, Chair, or similar position)

| | | |
|-----|--|---------------------------------|
| 61. | First Name | Randall |
| 62. | Last Name | Crocker |
| 63. | Title | Chairman, Franklin County Board |
| 64. | Telephone Number | 618-439-3743 |
| 65. | Fax Number | 618-439-3741 |
| 66. | Email address | Crocker.ins@gmail.com |
| 67. | Signature of Authorized Representative | [Redacted] |
| 68. | Date Signed | 10-13-17 |

Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.)

| | | |
|-----|--|-----------------------------|
| 69. | First Name | Keith |
| 70. | Last Name | Jones |
| 71. | Title | Treasurer, Franklin County |
| 72. | Telephone Number | 618-438-7311 |
| 73. | Fax Number | 618-438-3510 |
| 74. | Email address | kjones@franklincountyil.org |
| 75. | Signature of Authorized Representative | [Redacted] |
| 76. | Date Signed | 10-13-17 |

Program Agency Authorized Official

| | | |
|-----|--|-----------------------------------|
| 77. | First Name | Evan |
| 78. | Last Name | Owens |
| 79. | Title | State's Attorney, Franklin County |
| 80. | Telephone Number | 618-439-0205 |
| 81. | Fax Number | 618-435-2349 |
| 82. | Email address | eowens@franklincosa.com |
| 83. | Signature of Authorized Representative | [Redacted] |
| 84. | Date Signed | 10-13-17 |

** ICJIA specific modification to GATA form

PROGRAM NARRATIVE

(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font and **double-spaced** with 1 inch margins and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- County state's attorney
- County sheriff's department
- Local police department
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

*Victim services agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Offer new types of services.
- Serve additional victim populations.
- Continue existing services to crime victims.*

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

The Franklin County State's Attorney Victim Services program coordinates with all local law enforcement agencies. The program is located in a rural community that works together closely to ensure that all victims of crime are provided with services. The local law enforcement agencies have all worked with the program Coordinator for many years and have developed a system in which they communicate almost on a daily basis regarding victims of crime that they have encountered. Local law enforcement gives information to the victims of crime regarding the Victim Services program and how to reach the Coordinator for services. The agencies are aware of the availability of the Coordinator to help with crisis intervention when needed on the scene. When agencies hire new employees the program educates these employees on the services that are provided by the program.

This program also works closely with The Franklin Williamson Child Advocacy Center, The Department of Children and Family Services, Lutheran Social Services, The Women's Center, Centerstone, Inc, and Spiro. These are local social service agencies that the program refers victims to for resources that they are in need of. The agencies work together to ensure that the victims of crime in Franklin County are afforded all the resources that are available to them. The county also works with local ministries, food banks and clubs for outreach to help with financial situation with victim. The local community is a tremendous help to the needs of the victim in Franklin County.

Letters of support have been received and will be retained and available upon request.

A. Statement of Problem

1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the

DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.

This program began in the 2000. The program was developed to help all victim of crime in Franklin County. Since the beginning of the program the number of criminal cases filed in Franklin County has doubled. In 2000 there were 239 felony cases filed, in 2016 there were 565 felony cases filed. The rise in criminal cases obviously increases the number of new cases that this program sees, but it also increases the number of on-going cases. In the past year it is not uncommon for the program to have 500 ongoing cases at any one time.

In working with the victims of crime in Franklin County, several problems have been identified. The victims have demonstrated a lack of knowledge of the criminal justice system and the need for more personal services. This program educates the victim on the criminal justice system, by assuring that the victims are informed of the court process. The program offers crisis intervention along with emotional and financial support. Franklin County is experiencing a wide variety of drug abuse. The drugs of choice at this time are prescription drugs, synthetic drugs and opioids. With the onset of these more intense drugs and their subsequent side effects there has been an increase of domestic violence. The victims are requesting help in getting services for these types of addiction along with a wide variety of other resources. The drug abuse also reflects on the number of burglaries and thefts that have occurred. There has been a huge increase in residential burglaries where the defendant will steal anything that they believe they can pawn or sell to purchase drugs. The victims in these cases feel violated because someone has come into their home. Sex cases have also increased within the past grant period. Criminal sexual abuse and criminal sexual assault have always been a problem within many communities. With the increase in social media and the different technology the crimes have widened to include indecent solicitation, grooming and child pornography. In

particular girls ranging from the ages of 13-17 have been victimized by individuals soliciting or seducing them through social media. These cases are particularly hard because the victims don't always feel they have been victimized. The parents of these victims are the pursuers of the criminals and want justice for their children. Crisis intervention, emotional support and referrals to social services agencies are most important to these victims and their families. With these cases this program works closely with the Franklin Williamson Child Advocacy Center to establish a repore with the victim and to set up counseling services. Each case is presented to the multi-disciplinary tam to coordinate services. The cases are discussed plans are made to protect the children and to get the best possible plea or sentence for these families.

This program strives to keep updated with the current situations within our communities and involves all area social services agencies to help victim of crime throughout this county. The victim's unique needs are addressed and this program is available to help with any services this needed or requested from each victim of crime within Franklin County.

Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.

Franklin County is a rural community in the southern region of Illinois with a population of roughly 30,000 people. There are numerous strengths within this county but the two that stand out the most are the ability of all local resource agencies to work together in times of crisis. Also, within this small county there are hundreds of people who work for the better good of the community not within resource agencies, but with local ministries and outreach programs to help our county. In contrast to those strengths it seems unfortunate that for the last several years

Franklin County has ranked in the top percentage of unemployment within the state. Also this county has seen an up rise each year in the abuse of drugs, with opioid addiction being one of the biggest drugs abused.

Using local resources and the generosity of the local community this program is able to identify needs of victims of crime and point them into the right direction when seeking help. Because of the small communities local law enforcement is able to grasp the needs of the victim and help with resources available to them. Our local churches and clubs are continuously providing resources for victims that are in need. Churches have begun providing outreach programs for drug abuse, domestic violence and various support groups. Local clubs such as Elks Lodge, Moose Lodge and others are also providing the community with resources to help those in need, usually providing financial resources for victims of crime.

Unemployment has been a continuous issue for the past several years. There was a short period in which the local coal mining industry had an increase in employment but that is now steadily on the decline. Unemployment is not just an issue within itself. When a family is unemployed it brings on so many more challenges. For small communities such as ours there is not a lot of industry to fall back on when other places close. Often individuals are without work for many months if not years. This results in various crimes, often starting with the abuse of drugs, then continuing on to theft, domestic violence, driving under the influence and sometimes death.

The program works closely with victims to make sure that all areas of their victimization are addressed and that they are provided with information to regain some normalcy to their lives. Victims display a need to begin again, put the crime behind them and be able to prosper after the case has ended. The program is aware that this is not as easy as it seems and continues after the

end of the case to communicate with the victim and make sure that resources are offered.

B. Project Description

Please provide a general sense of your organization’s activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

1. Please provide a *brief* description of your entire organization, including unit descriptions and staffing.

It is the primary responsibility of the State’s Attorney’s office to prosecute criminal offenses that occur within the county of Franklin. There are currently four assistant state’s attorney’s employed by Franklin County State’s Attorney’s office. Also employed are three full time support staff, a Victim Services Coordinator and a Victim Advocate. The prosecutor’s office represents the People of the State of Illinois and works to uphold the law. They strive to hold offenders accountable and keep the public safe. It is also a major responsibility of the State’s Attorney and his staff to preserve the rights of victims involved in crimes. These rights are upheld by providing services conducive to the victim’s specific needs and concerns.

2. What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.

All victim services provided by the Franklin County State’s Attorney’s Office are VOCA funded. There are no other victim services provided as part of this program.

3. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

| Type of staff | Number of staff |
|--|------------------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 2 |

| | |
|--|----------|
| Number of managerial staff | 0 |
| Number of administrative support staff | 0 |

4. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.

Franklin

C. Agency Capacity and Experience

1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

The Franklin County State’s Attorney Victim Services Program was established on December 1, 2000. The program has been receiving VOCA funds for 15 years, beginning in 2002. The program also receives funding from the Illinois Attorney General’s Violent Crime Victim Assistance Program. The funding from the Illinois Attorney General’s Office is used to pay a percentage of the Coordinators salary. The program began receiving funding from the Illinois Attorney General’s office in 2000 and has successfully renewed that grant each year. Franklin County State’s Attorney’s office provides the employee fringe benefits for the Coordinator and the Advocate.

Last year this program served 505 new victims of crime and averaged over 300 ongoing victims per month. In the last five (5) years the Franklin County State’s Attorney’s office has averaged 500 new felony cases per year and 600 new misdemeanors per year, there are victims in at least 75% of these cases. The program is designed to provide the unique services requested by each victim of crime in Franklin County. The victims of crime in Franklin County often demonstrate a lack of knowledge of the criminal justice system therefore the program educates

the victim on the criminal justice system, by assuring that the victims are informed of the court process, explaining why his or her appearance in court is required (when subpoenaed) and what the victim could expect when appearing in court. Emotional and practical support along with crisis intervention is also offered to each victim. Listening to the victim and understanding what they need as a victim is very important to the success of this program. When conjoining the victim and criminal justice system, the prosecutors gain access to information regarding the physical, financial and emotional impact a crime has had on a victim and their family. With this information the prosecutors are able to make consistent and accurate criminal charging decisions. This also allows the prosecution to be more persuasive during closing arguments and plea negotiations, thus requesting sentences more reflective of harm done to the victims of crime. Advocates act as a liaison for the victim with prosecutors, relaying important information to and from both parties. This frees the prosecution to focus on the task of bringing the offenders to justice while ensuring the victims have a role in the process.

2. If your agency not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.

N/A

3. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.

The Franklin County State's Attorney Victim Services program has been in effect since 2000. The program Coordinator developed the program and has been responsible for all grant continuation material, grant data reports and grant fiscal reports. Grant paper work and reports

have been always been filed in a timely manner and all questions or concerns that have been raised by grant monitors have been answered and any problems have been rectified.

Fiscal moneys are disbursed through the Franklin County Treasurers Office via a separate checking account for all Victim Services monies. All monies spent through this program are approved by the Franklin County Board, via voucher system. Once approved, the Franklin County Treasurer rights a check for the requested expenditures.

The Victim Services program receives money from the Illinois Attorney General's Violent Crime Victims Assistance (VCVA) program grant. This budget year the program received \$23850.00 to pay a portion of the Coordinators salary. All direct services are the same in regards to the VCVA and VOCA grant.

The budget for this grant totals \$123,590.00; the match amount for this budget is \$30,898.00. The budget is requesting funds in the amount of \$59,718.00 from VOCA funds and has a matching amount of \$63,872.00. The grant match amount is over-match in the amount of \$32,974.00.

4. If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.

Currently the Franklin County State's Attorney's Office Victim Services program receives funding from the Illinois Attorney General's Violent Crime Victims Assistance (VCVA) program and from Illinois Criminal Justice Information Authority (ICJIA) Victim of Crime Act (VOCA). These to grants pay for the part time position of the Victim Advocate and the full time position of the Victim Coordinator. The program receives funding from Franklin County that pays the benefits of both employees. This grant is requesting that the Victim

Advocate be hired as full time to help with all program services.

The program has received constant funding from both sources and there will not be supplanting money for any of the proposed budget item.

The program will use requested funds to continue to provide program services to the victim of crime in Franklin County. The monies requested will ensure that the program continues to provide these much needed services.

5. Describe how your agency will financially sustain the program at the end of the three-year funding period.

This program continues to research new and ongoing grants for victim services. Without VOCA funding the continuation of this program may not be possible. Franklin County is in financial difficulties and does not have the funding to continue with the program without the help of grant funds. Continued research on grant funding will be done to ensure the program does not come to an end.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state's attorney's offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:
 - a) How victims will be screened for eligibility,
 - b) How referrals will be made for services,
 - c) How services will be available for all victims of crime,
 - d) Location of victim service staff within law enforcement agency or state's attorney's office, and
 - e) Coordination of services with other victim service staff.

The Franklin County State's Attorney's office victim services program is located within

the office of the State's Attorney. Victim services staff work closely with all local law enforcement agencies, Department of Children and Family Services, local child advocacy centers, CASA and human services programs. Program staff identifies victims through various sources. Any incoming investigative reports received from local law enforcement or social service agencies are screened for victims. Depending on the immediate needs of the victim at this time the victim is either notified via letter or telephone. If the victim needs immediate response the staff contacts them either in person or via telephone to assess the situation, de-escalate any immediate trauma situations, offer emotional support and other resources as needed. If a victim is not in an immediate need of services then a letter is sent to this person and/or family to notify them of pending charges or report received and any incarceration of the alleged defendant. The initial letter includes information about the program and services that are available. Information regarding their rights as a victim and information regarding the Illinois Attorney General's Office Crime Victim Compensation program are given to each and every victim that comes in contact with this program. All victim service staff are available to answer questions regarding services through this program. All victims and witnesses are treated with no regard to race, gender or age. The coordination and maintaining of cases is done with bi-weekly (more if needed) case management meetings. These meeting are held between the Coordinator and the Advocate, cases are discussed situations are addressed and progress is noted. The advocate is able to bring any problems or concerns to the attention of the Coordinator at any time. When working with human service programs (i.e., CAC, CASA, DCFS) the staff of these agencies coordinates with the Victim Service Coordinator to make sure that all victims of crime are identified and services are offered.

The following are the direct services that are provided to the victims through the Franklin

County State's Attorney Victim Services program. (Services are not limited to these direct services)

Case Screening – Each criminal report that is received by law enforcement is screened for victims. Also reports received from the Illinois Department of Children and Family Services are screened for victims. While screening cases the victims are identified and contacted to assess their immediate needs. Victims are assessed for crisis intervention needs, such as emotional support and victim de-escalation. A plan is put in place to make sure that the victim's needs are met and that the program can track progress of these needs. This service is also utilized when a crime has been committed and there is no known suspect. The agency involved contacts the program with victim information and contact is then made with the victim, to assess their immediate needs.

Initial Case Notification – Each victim involved in a violent crime is notified upon the filing of a criminal case and offered services. This notification gives the victim information regarding his or her rights as a victim, and information on the Illinois Attorney General's Crime Victim Compensation program. The initial letter outlines the charges that have been filed, upcoming court dates, in custody information, bond information (including any bond conditions). Requests the victim to return any restitution information and amounts they may have. The letter also encourages the victim to contact the Victim Services staff to discuss any problems they may be having as a result of the crime. The Victim's Rights Form is included in the initial letter and an explanation detailing the form.

Criminal Justice Information and Personal Advocacy – This includes general case information regarding the status of the criminal cases, disposition or appearance notification. It also includes emotional support, assistance with childcare to clients while attending criminal

court and transportation to criminal court proceedings or appointments. Victims are offered help intervening with employers, creditors, and education systems. The program staff accompanies victims to court to help with emotional support during hearings and trials, as to answer questions regarding the criminal justice system. Franklin County is a very small county that does not have public transportation the staff help victims who need help getting to court and/or appointments. During a murder trial the victim's mother was unable to come to court because she did not have transportation, the staff picked her up every morning and returned her home every night for almost two weeks. This interaction was good for the victim because it gave her an opportunity to discuss what had happened in court on that day, to discuss her feeling and to help prepare her for what was to come the next day.

Victim Impact Statement preparation – Victims are notified of their right to prepare a statement and offered support and help in preparing this statement. Victims are encouraged to begin the process of this statement upon initial contact. This program explains that the Victim Impact Statements are a good way to express to the judicial system what has actually happened to the victim as a result of their victimization. Victims can get lost within the judicial system and the program believes the statements are a good way for them not to go unnoticed.

Assistance in filing Crime Victim Compensation program – Each victim is notified of the Illinois Attorney General's office of Crime Victim Compensation program. Assistance in filing the application is offered along with follow up contact with medical providers and with the Attorney General's office. The program staff look for indicators within the criminal reports to see if a victim might need to file an application for compensation. If there are indicators an application is mailed to the victim with the initial letter.

Community Referral – Victims are notified of service providers who could help them

with the recovery process victimization. Referrals are made to all service providers that can help with the victim's recovery.

Illinois Automated Victim Notification System – Victims are notified of this service and are assisted in registering with the Illinois Victim Notification System.

Post-Conviction – Victims are notified of any post-trial motions that are filed. Victims are given the information on how to contact the Prisoner Review Board, if a defendant is sentenced to the Department of Corrections. Post-conviction victims often have questions regarding the disposition of the case. Program staff answers all questions and offers further resources and/or emotional support as needed.

Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.

The Coordinator developed this program and has been a major part of the development of the process that is currently used to provide services to the victims of crime in Franklin County. The development process is always ongoing and ever changing. The program has to be adaptable to change and be encouraging to the differences between each victim. One thing that is for sure within this program is that each victim is unique in their needs of services. It is extremely important to have immediate contact with the victim to understand what they will need to help them through the victimization process. The program strives to help the victim recover and regain from their victimization. From program experience it has been determined that the only way to make sure that each victim receives what they need from this program is to listen to them and hear what they say. Then take that information and build a plan and help them achieve their goals within this plan. This process often involves first the explanation of the criminal

justice process and what services and resources are available to help them. Victims are often forced into the judicial process and find the experience to be confusing and alienating. The department strives to help someone that has been victimized overcome the fear that has been imposed on them, educate the victim on the process that they will have to take and support them in this process. This is all achieved by understanding what the needs of the victims are and what they want and request in regards to services.

2. Project the number of clients to be served during the grant period. Explain and justify this projection.

The projected number of clients to be served this year is 750 with an average of 300 ongoing victims. These numbers have been averaged from the previous years. In the past this is how the program has gotten the numbers requested and it has been accurate.

3. Describe known barriers to victims accessing victim services and how your agency will address these.

The biggest barrier that has been seen by this agency is the lack of knowledge of the criminal justice system. Many victims have never been involved with law enforcement and/or the criminal justice system. Understanding the process, the length of the process, why a defendant is allowed to bond out of jail, why a case takes so long to be finalized and the financial strains a case can take on victims are all barriers that have been identified. Also, the trauma that victim themselves do not recognized at the time of the crime is a barrier. Often a victim will be mad at the crime and the defendant, but will not recognize the lasting trauma that the crime has on a person. The victim services staff speaks in length with victims who wish to know and be

informed about their case. The program was designed to provide the unique services requested by each and every victim of crime in Franklin County.

4. Describe how the program design will incorporate trauma-informed care, as described in *Attachment 1* of the Notice of Funding Opportunity.

This program is committed to advancing a broad range of effective services and interventions by creating trauma-informed developmentally and culturally appropriate programs that improve the standard of client services. We will do this by working with established systems of care including the health, mental health, education, law enforcement, child welfare, juvenile justice, and military family service systems to ensure that there is a comprehensive trauma informed continuum of accessible care and referral.

5. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.

Victims are given services that they request. Each victim is different in what they need as far as service. Some victim (especially domestic battery victims) do not want to proceed with charges, these victims are still identified, services are still offered and information is relayed to the prosecuting attorneys regarding their concerns and wishes relating to the case. Services provided after a case is over are very important. This is usually the time that the victim realizes that the case and its finality does not make them better or whole again. Sometimes this is where the real work starts. Talking with the victim about their concerns and feelings and pointing them in the right direction to get help is what is needed most often.

6. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

State's Attorney's Office and the Victim Services Program have partnered with the Franklin - Williamson County Child Advocacy in a collaborative effort to enhance the multi-disciplinary team (MDT). The partners work together to ensure a unit based MDT that brings early notification to all agencies when dealing with children of sexual abuse and severe physical abuse. The team works together to make sure all cases are staffed and victims are given all possible resources.

7. Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program.

*Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.

Each victim is notified of the Illinois Attorney General Crime Victim Compensation program during the initial contact with the victim and or non-offending family member. This is either done via telephone, in person or an initial letter that is sent regarding the criminal case. There are also flyers posted within the offices of the Victim Coordinator and Victim Advocate and in the waiting area in the lobby of the State's Attorney's office. Assistance with the application and resulting correspondence from the Attorney General's office is offered to the victim.

E. Staffing Plan

1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.

The Franklin County State's Attorney Victim Services program will staff two VOCA funded positions. The funded staff will be located within the State's Attorney's office and will be under the direction of the Franklin County State's Attorney.

The Victim Services Coordinator performs the same duties as the Advocate, along with being responsible for coordinating all services within the department, by supervising the program staff and maintaining all financial and data records for the program. The Coordinator provides direct services to the victims of crime that have become involved in the criminal justice system. The Coordinator will effectively respond to the victims regarding emotional, physical and financial aftermath of victimization. Also, the Coordinator is responsible for providing referrals to other community organizations. The Coordinator provides all program services and works with all victims within the program to ensure that their needs are met. The Coordinator devotes 100% of her time to direct services and victim services program duties. The Coordinator supervises all program staff and volunteers with the Franklin County State's Attorney having ultimate authority over the program.

The Victim Advocate is responsible for providing information, support and advocacy services to victims and their non-offending family members throughout the criminal justice process. The Advocate will establish personal contact with the victim and or family members of the victims of crime to offer program services. The Advocate encourages the use of services that are available to them and assists the victim with community referrals. The Advocate assures that

the victims are informed of the progress of the case in which they are involved by providing case notification, case status information, trial and post-trial information and case disposition. The Advocate should also act as a liaison between the criminal justice system and the victim by familiarizing the victim with court procedures. The Advocate assists the victims with the Crime Victim Compensation process and assures that the victim are informed of their rights and help to uphold these rights. The Advocate also offers emotional support and crisis intervention.

Both the Coordinator and the Advocate begin each case by initially contacting the victim of crime, introducing the program and how it can help them through the criminal justice system. After initial contact has been made the program staff then identifies the needs of the victim and correlates the resources to help with these needs. Most victims are unfamiliar with the criminal justice system and what they need to do. The program communicates with the victim to understand their concerns. All cases are handled on a case by case basis and each victim is given the services they request.

2. What are the primary qualifications of program-funded staff (education, language skills, etc.)?

The Victim Services Coordinator has been working in this program since December 2000 and with Franklin County justice system since 1989. On the job training along with several state and national trainings have given her an awareness of what is needed to perform the duties necessary. The Coordinator has attended the Illinois Victim Assistance Academy and the advanced Illinois Victim Assistance Academy sponsored by the Illinois Attorney General's Office. The Coordinator has completed 40 hours Domestic Violence training, sponsored by the Illinois Coalition Against Domestic Violence and 40 hour Sexual Assault training sponsored by the Illinois Coalition Against Sexual Assault. The Coordinator continues to research all

information that is appropriate to the needs being requested by the victim.

The Victim Advocate is a new employee of the program; he began the position in September of 2017. The Advocate has a bachelor's degree in criminal justice and is very interested in pursuing this program and what it entails. The Advocate will be attending the 40 hour Domestic Violence training in 2018.

Both the Coordinator and the Advocate will be attending a Trauma-Informed Response training in the beginning of 2018.

In general it is the philosophy of the program to make sure that the victim is served in the capacity that they request. There are various and ever changing problems that arise with victims and on the job training is one of the best ways to learn this program.

3. Describe how cases are coordinated and supervised within the agency.

The Victim Services Coordinator will supervise all program activities and personnel. The Franklin County State's Attorney will have all final authority and will oversee and monitor the program. All cases are coordinated by the Coordinator and delegated after screening the case.

4. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

The program is working to make sure that the staff are fully trained in dealing with victims of trauma and are working to make sure that we are a trauma-informed organization. We have identified a trainer locally and will be scheduling training in the beginning of 2018.

Continued training will be sought as necessary

5. What other training needs have you identified for staff funded under this program?

Training needs to be an ongoing process for this program. There is ever changing laws and circumstances for victims of crime in Illinois. For the program to deliver appropriate services, trainings and conferences are the best way to network with other agencies to determine what services are appropriate and good for the program.

The new advocate in this program needs to attend the 40 hour domestic violence training and then be able to attend other trainings as they become available to help him understand the dynamics of victim services.

The program researches and takes advantage of webinars that are often times very informative and cost effective to the program.

6. How will you address those training needs? If you are unable to address those needs, please explain why.

This grant budget requests training money to be used to address the needs explained. This program also researches local trainings and webinars that can be used by the program staff. The program speaks with other agencies and works closely with the Illinois Prosecutor Based Victim Assistance Association members to help with questions and concerns that arise.

7. Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.

The one volunteer that works with the Franklin County State's Attorney Victim Services program works approximately 10-20 hours per month and is not FTE. The volunteer performs duties such as initial letters to victims, court update letters, file preparation, data collection and any other duties necessary to the victim services program.

8. Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent** |
|---------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| <i>Example: Volunteer Coordinator</i> | .50 | 100 | .5 |
| <i>Example: Advocate</i> | .75 | 50 | .375 |
| Victim Services Coordinator | 100 | 100 | 100 |
| Victim Advocate | 100 | 100 | 100 |
| | | | |
| TOTAL | 2 | 100 | 2 |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted if application is funded.

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|---|-----------------------------------|-----------------------------------|
| <i>Example: Hire Staff</i> | <i>Program Administrator</i> | <i>Month One</i> |
| <i>Example: Train Staff</i> | <i>Training Coordinator</i> | <i>Month One</i> |
| 40 Hour Domestic Violence Training | Advocate | Month Three |
| Trauma-Informed Training | Advocate & Coordinator | Month Three |
| Continue to provide direct services to all victims of crime in Franklin County. | Advocate & Coordinator | As Needed |
| If applicable, submit subcontract to Authority for review and approval | | |
| Submit quarterly data report to the Authority | Coordinator | 15 th of every quarter |
| Submit quarterly fiscal reports to the Authority | Coordinator | 15 th of every quarter |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

Tracks I and II Goals, Objectives, and Performance Measures:

| Goal: To provide advocacy services to victims of crime. | |
|---|---|
| Objective | Performance Measure |
| <i>SCREENING</i> | |
| # _800__ victims screened for eligibility by your agency. # _750__ clients will be provided services by your agency. | # of victims screened for eligibility by your agency. # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred. # of clients provided services by your agency. |
| <i>INFORMATION & REFERRAL</i> | |
| # __750_ clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. |
| # _750_ clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. |
| # _200__ clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred. |

| | |
|---|---|
| | # of times staff provided referrals to other victim service providers. |
| # __100_ clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # ____ clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, supports, and resources. |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| #__0_ clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| #_100_ clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| #_150___ clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |
| #_50_ clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance. |
| #_40_ clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| #_10_ clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| #_0_ clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| #_0_ clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., |

| | |
|--|---|
| | help completing a GED or college application). |
| # __0__ clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| # __200__ clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| <i>SHELTER/HOUSING SERVICES</i> | |
| # __0__ clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| # __650__ clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | # of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events. |
| # __50__ clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # __350__ clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| # __10__ clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |
| # __250__ clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. |
| <i>REQUIRED TRAININGS</i> | |
| # __2__ staff will receive training on trauma | # of staff trained # of trainings on trauma held |

Additional Track II Goals, Objectives, and Performance Measures:

| <i>REQUIRED TRAININGS</i> | |
|---|---|
| # ____ of individuals interviewed to become a CASA volunteer. | # of individuals interviewed to become a CASA volunteer. # of individuals offered a volunteer CASA position. |
| # ____ of volunteer trainings to be held. | # of volunteer trainings held. # of volunteers trained. |
| # ____ of current CASA volunteers. | # of current CASA volunteers. |
| # ____ of cases to be reviewed and assigned to advocates. | # of cases reviewed and assigned to advocates. # of clients served by advocates. # of supervision meetings held with advocates. |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

- 1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.**
B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

- 2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

- 2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

- 4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
 Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (5)) Or;
 Complies with other statutory policies (*please specify*):

The Restricted Indirect Cost Rate is _____%

- 5) No reimbursement of Indirect Cost is being requested. (*Please consult your program office regarding possible match requirements*)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|---------|
| Period Covered by the NICRA: | _____ |
| Approving Fed/State Agency (please specify): | _____ |
| The Indirect Cost Rate is: | _____ % |
| The Distribution Base is: | _____ |

| | | | |
|--|---|---|--|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Franklin | DUNS#: 029983186 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: 1/1/2018 to 12/31/2018 |

If you are required to provide or volunteer to provide cost-sharing, matching funds, other funding or contributions to the project, these should be shown for each applicable budget category. All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." Please read all instructions before completing form.

SECTION B -- MATCH FUNDS

| Program Revenues | Year 1 | | | |
|--|------------------|--|--|--|
| Grantee Match Requirement: <u>20</u> % (ICJIA to populate only if match is required) | | | | |
| (b). -Cash | \$ 40,022 | | | |
| (c). -Non-cash | | | | |
| (d). Other Funding & Contributions | \$ 23,850 | | | |
| NON-STATE Funds Total | \$ 63,872 | | | |

BUDGET SUMMARY MATCH FUNDS

| Budget Expenditure Categories <small>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</small> | Year 1 | | | |
|---|------------------|--|--|--|
| 1. Personnel (Salaries & Wages) 200.430 | \$ 23,850 | | | |
| 2. Fringe Benefits 200.431 | \$ 40,022 | | | |
| 3. Travel 200.474 | \$ - | | | |
| 4. Equipment 200.439 | \$ - | | | |
| 5. Supplies 200.94 | \$ - | | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | \$ - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | \$ 63,872 | | | |
| 17. Indirect Costs* (see below) 200.414 | | | | |
| Rate: _____ % Base: _____ | \$ - | | | |
| 18. Total Costs NON-ICJIA (Match) Funds (lines 16 and 17) | \$ 63,872 | | | |

| | | | |
|--|--|---|---|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Franklin | DUNS#: 029983186 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: 1/1/2018 to 12/31/2018 |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

| Implementing Agency | | Program Agency |
|--|--|--------------------------------------|
| County of Franklin | Franklin County Treasurer's Office | Franklin County State's Attorney's O |
| Name of Applicant Institution/Organization | Name of Applicant Institution/Organization | Institution/Organization |
| _____ | _____ | _____ |
| Signature | Signature | Signature |
| Randall Crocker | Keith Jones | Evan L. Owens |
| Name of Official | Name of Official | Name of Official |
| Franklin County Board Chairman | Franklin County Treasurer | Franklin Co. State's Attorney |
| Title | Title | Title |
| Chief Financial Officer (or equivalent) | Executive Director (or equivalent) | Executive Director (or equivalent) |
| _____ | _____ | _____ |
| Date of Signature | Date of Signature | Date of Signature |

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | | |
|--|---------------|---------------|--------|-----------------|--------------------------------|
| Grantee (or Subgrantee) DUNS: | | | | | |
| Grantee (or Subgrantee) Name: | | | | | |
| Grantee (or Subgrantee) DBA: | | | | | |
| Grantee (or Subgrantee) Address: | | | | | |
| City: | | State: | | Zip+4: | Congressional District: |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | | |
| City: | | State: | | Zip+4: | Congressional District: |
| Grant #: | Award Amount: | \$ | 59,718 | Project Period: | 1/1/2018 to 12/31/2018 |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | | |
| CSFA Short Description: VOCA FFY16 | | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | | |
| No <input type="checkbox"/> If no, you are not required to provide data. | | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | | |
| Yes <input type="checkbox"/> If yes, you are not required to provide data. | | | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | | |
| Please provide names and total compensation of the top five officials: | | | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |

Section C - Budget Worksheet & Narrative

1). Personnel (Salaries & Wages) (2 CFR 200.430) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Name | Position | Computation | | | | Federal/State Amount | Match | Total Cost |
|------------------------------|------------------------------------|----------------|---------------------|-----------|------------------------------|----------------------|---------------------|---------------------|
| | | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Quantity (based on Yr/Mo/Hr) | | | |
| <i>M. Elizabeth Sandusky</i> | <i>Victim Services Coordinator</i> | \$ 56,420 | yr | 100.00% | 1.00 | \$ 32,570 | \$ 23,850 | \$ 56,420 |
| <i>Jesse Sanders</i> | <i>Victim Advocate</i> | \$ 13 | hr | 100.00% | 1,820.00 | \$ 23,660 | | \$ 23,660 |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| Total | | | | | | \$ 56,230.00 | \$ 23,850.00 | \$ 80,080.00 |

Personnel Narrative:

- Victim Services Coordinator- This line item will pay 58% of the full time salary of the position. The salary has been increased from the previous year by 5.5%. The Victim Services Coordinator has 17 years of experience and is supervisor of the program. The Coordinator provides direct services such as: Crisis Intervention, orienting the victim to the criminal justice process, criminal justice and personal advocacy, data management of program services and fiscal management of program funding, and filing of all grant documents and reports.
- Victim Advocate - This line item will pay 100% of the full time salary of the position. This position was previously a part time position, with the increase in victims the advocate is needed full time to provide program services. This is the standard starting wage for an advocate at this agency. The Advocate serves victims of crime in Franklin County by establishing personal contact with victim and or families of victims of crime to offer program services and encourage the use of these services. The Advocate also performs direct services to victims.

Section C - Budget Worksheet & Narrative

4). Equipment (2 CFR 200.439) -- Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (for multiyear awards) and total for equipment. Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Item | Computation | | | Federal/State Amount | Match | Total Cost |
|--------------|-------------|------|---|----------------------|-------|------------|
| | Quantity | Cost | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| <i>Total</i> | | | | \$ | - | \$ |
| | | | | - | \$ | - |
| | | | | \$ | - | \$ |
| | | | | - | \$ | - |

Equipment Narrative:

Section C - Budget Worksheet & Narrative

6. Contractual Services (2 CFR 200.318) & Subawards (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88). **However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information.** This budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | | | Federal/State Amount | Match | Total Cost | | | |
|--------------|----------------|-------|----------------|---|----------------------|-------|------------|---|----|---|
| | Cost per Basis | Basis | Length of Time | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| Total | | | | | \$ | - | \$ | - | \$ | - |

Contractual Narrative:

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| | | | | | \$ - |

Indirect Cost Narrative:

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Institution/Organization

Signature

Signature

Name of Official

Name of Official

Title
Chief Financial Officer (or equivalent)

Title
Executive Director (or equivalent)

Date of Signature

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|--------------------------------|-----------------------------|---------------------|----------------------|
| 1. Personnel | \$ 56,230.00 | \$ 23,850.00 | \$ 80,080.00 |
| 2. Fringe Benefits | \$ - | \$ 40,022.00 | \$ 40,022.00 |
| 3. Travel | \$ 2,138.00 | \$ - | \$ 2,138.00 |
| 4. Equipment | \$ - | \$ - | \$ - |
| 5. Supplies | \$ 1,350.00 | \$ - | \$ 1,350.00 |
| 6. Contractual Services | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. Indirect Costs | \$ - | \$ - | \$ - |
| TOTAL PROJECT COSTS | \$ 59,718.00 | \$ 63,872.00 | \$ 123,590.00 |

| | | | | | |
|--|--|---|--|---|--|
| ICJIA Agency Approval | | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Franklin | | DUNS#: 029983186 | | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 | Project Period: 1/1/2018 to 12/31/2018 |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.
4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.
5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.
- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|---|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | 215135 |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|--|---|
| 22. | Legal Name | (Name used for DUNS registration and grantee pre-qualification.) County of Kane |
| 23. | Common Name (DBA) | Kane County State's Attorney |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 36-6006585 |
| 25. | Organizational DUNS number | 963572417 |
| 26. | SAM expiration date | 08/28/2018 |
| 27. | SAM Cage Code | 4MJF1 |
| 28. | Business Address | Street address: 37W777 Route 38, Suite 300 City: St. Charles State: IL County: Kane Zip + 4: 60175-7535 |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|------------------|--------------------------|
| 29. | First Name | Eloise |
| 30. | Last Name | Fara |
| 31. | Suffix | Ms. |
| 32. | Title | Chief Financial Officer |
| 33. | Telephone Number | 630.208.2124 |
| 34. | Fax Number | 630.2232.6508 |
| 35. | Email address | faraeloise@co.kane.il.us |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|------------------|--------------------------|
| 36. | First Name | Eloise |
| 37. | Last Name | Fara |
| 38. | Suffix | Ms. |
| 39. | Title | Chief Financial Officer |
| 40. | Telephone Number | 630.208.2124 |
| 41. | Fax Number | 630.232.6508 |
| 42. | Email address | faraeloise@co.kane.il.us |

Program Agency Information (if different from Implementing Agency)**

| | | |
|-----|----------------------------|---|
| 43. | Legal Name | (Name used for DUNS registration.) |
| 44. | Organizational DUNS number | |
| 45. | SAM expiration date | |
| 46. | SAM Cage Code | |
| 47. | Business Address | Street address: City: State: County: Zip + 4: |

| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
|--|--|--|
| 48. | First Name | Eloise |
| 49. | Last Name | Fara |
| 50. | Suffix | Ms. |
| 51. | Title | Chief Financial Officer |
| 52. | Telephone Number | 630.208.2124 |
| 53. | Fax Number | 630.232.6508 |
| 54. | Email address | faraeloise@co.kane.il.us |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | (If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.) KANE COUNTY |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 14 State Senate District: 22,25,28,42,48 State Representative District: 43,49,50,55,83,95 |
| 57. | Primary Area of Performance | (This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.) 37W777Route 38, Suite 300, St. Charles, IL 60175-7535 |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 14 State Senate District: 22,25,28,42,48 State Representative District: 43,49,50,55,83,95 |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | (Text only for the title of the applicant's project.) Victims of Crime Act: Prosecution, Victim Assistance Program |
| 60. | Proposed Project Term | Start Date: 01/01/2018 End Date: 12/31/2018 |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$ <input checked="" type="checkbox"/> Budgeted Amount: \$104,368 <input checked="" type="checkbox"/> Match: \$32,867 <input checked="" type="checkbox"/> Overmatch: \$27,115 <input type="checkbox"/> Program Income: \$ <p style="text-align: right;">Total Amount : \$164,352</p> Indirect cost rate: <u>NA</u> % |
| Applicant Certification: By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001) (*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p> | | |

| Implementing Agency Authorized Official (Director, President, Chair, or similar position) | | |
|---|--|----------------------------|
| 62. | First Name | Chris |
| 63. | Last Name | Lauzen |
| 64. | Title | County Board Chairman |
| 65. | Telephone Number | 630.232.5931 |
| 66. | Fax Number | 630.232.9188 |
| 67. | Email address | clauzen@kanecoboard.org |
| 68. | Signature of Authorized Representative | [Redacted] |
| 69. | Date Signed | 10-6-17 |
| Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.) | | |
| 70. | First Name | David |
| 71. | Last Name | Rickert |
| 72. | Title | Kane County Treasurer |
| 73. | Telephone Number | 630.232.3565 |
| 74. | Fax Number | |
| 75. | Email address | rickertdavid@co.kane.il.us |
| 76. | Signature of Authorized Representative | [Redacted] |
| 77. | Date Signed | 10-10-17 |
| Program Agency Authorized Official | | |
| 78. | First Name | Joseph |
| 79. | Last Name | McMahon |
| 80. | Title | State's Attorney |
| 81. | Telephone Number | 630.232.3500 |
| 82. | Fax Number | 630.232.6508 |
| 83. | Email address | [Redacted] |
| 84. | Signature of Authorized Representative | [Redacted] |
| 85. | Date Signed | 5. 2017 |

** ICJIA specific modification to GATA form

PROGRAM NARRATIVE

(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font and **double-spaced** with 1 inch margins and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- County state's attorney
- County sheriff's department
- Local police department
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

*Victim services agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Offer new types of services.
- Serve additional victim populations.
- Continue existing services to crime victims.*

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

Victim advocates work directly with victims of crime and provide referrals to outside agencies for counseling services and support. The purpose of the program is to educate and assist victims with the criminal justice system. Often, crime victims have no prior contact with the criminal justice system. The advocates provide community education about our program to community groups, police departments, local area hospitals, social services agencies, schools and any individual who requests information about victims' rights. Our advocates refer victims to the Association for Individual Development's (AID) Victim Services, the Alliance Against Intoxicated Motorists (AAIM) the Community Crisis Center and Mutual Ground. Advocates from these various agencies also assist crime victims by attending victim interviews, providing transportation to court, and attending court proceedings. The Kane County State's Attorney's Office has worked with these agencies for many years. Please see attached letters of support from these agencies.

A. Statement of Problem

1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.

Type of Crime: Kane County

| <u>Aggravated Battery</u> | | <u>Sexual Assault</u> | | <u>Domestic Violence</u> | | <u>Arson</u> | |
|---------------------------|------------|-----------------------|------------|--------------------------|--------------|--------------|-----------|
| 2014 | 2015 | 2014 | 2015 | 2014 | 2015 | 2014 | 2015 |
| 608 | 642 | 122 | 119 | 2,158 | 2,104 | 64 | 36 |

**BREAKDOWN OF 623 VICTIMIZATION NEW CASES OPENED
October 2016 thru June 2017 (9 months)**

| | | |
|----------------------------|-----|--------|
| Child Physical Abuse..... | 3 | .48% |
| Victims of DUI/DWI | 17 | 2.72% |
| Domestic Violence..... | 166 | 26.65% |
| Adult Sexual Assault | 13 | 2.09% |
| Survivors of Homicide | | |
| Victims.. | 11 | 1.76% |
| Robbery..... | 49 | 7.86% |
| Identity Theft..... | 5 | .8% |
| Assault/Battery..... | 334 | 53.61% |
| Property/Financial Crime.. | 15 | 2.40% |
| Stalking/Harassment..... | 10 | 1.60% |

2. Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.

Strengths:

- a) Because we are a large community, we have many resources to offer victims i.e. domestic violence shelters, not-for-profit medical treatment facilities, and counseling services.
- b) Bi-lingual advocates on staff to assist victims and explain the judicial process.

Challenges:

- a) Kane County is a culturally diverse community. Understanding how different cultures deal with traumatic events like death, domestic violence and sexual violence, can be challenging as each culture deals differently with these traumas.
- b) At times, the length of time a case takes to make its way through the criminal justice system can be very frustrating for victims.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

1. Please provide a *brief* description of your entire organization, including unit descriptions and staffing.

The State's Attorney's Office has exclusive responsibility for prosecuting violations of the criminal laws of the State of Illinois as well as many other regulatory laws of the state and county including traffic regulations. This office also serves as legal counsel for the county providing legal advice, defense of court actions and filing and presentation of cases brought by the county. Offices are maintained in seven locations by Assistant State's Attorneys and support staff. Professional staff are on call 24 hours, seven days a week to assist law enforcement agencies. Staff is in at least 14 courtrooms daily including such areas as Grand Jury, felony and misdemeanor trials, domestic violence, traffic prosecutions, DUI court, Child Advocacy Center prosecutions, mental health cases, child support, environmental prosecutions, civil appeals, tax collections, liability and workers' compensation defense, juvenile detention and prosecution, juvenile abuse and neglect, elder and persons with disabilities abuse, and post-conviction petitions.

2. What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.

Victim services are provided by other advocates in domestic violence misdemeanor cases, elder abuse, persons with disabilities and sexual assault cases involving children. All victim advocates work directly with crime victims and provide referrals to outside agencies for counseling services and financial assistance. Bi-lingual staff is available to assist non-English speaking

victims.

3. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

| Type of staff | Number of staff |
|--|------------------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 9 |
| Number of managerial staff | 3 |
| Number of administrative support staff | 3 |

4. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.

Services will be provided to violent crime victims in Kane County, Illinois.

C. Agency Capacity and Experience

1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

Advocates in this VOCA grant have provided victim services in Kane County for over 25 years.

The number of crime victims served last year was 1000. The services included in-person meetings and referrals, contact by telephone and referral services, assistance in completing the Illinois Attorney General compensation applications, support at court hearings, assistance with preparing victim impact statements, criminal case status disposition or appearance notifications services, assistance in completing restitution forms, and provide support group services to family members of homicide victims.

2. If your agency does not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong

understanding of such services.
N/A

3. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.

The CFO of the State's Attorney's Office has twelve years of experience in managing the nine yearly grants awarded during the year. The office has a yearly budget of nine million dollars in ten departments. Each grant is given separate department numbers within the County finance system for expense and revenue line items. This is in keeping with the separation of funds per the Cost Principles and Audit Requirements for Federal Award (UGG) issued by the US Office of Management and Budget. (OMB). The CFO also keeps separate spreadsheets for each grant where expenses and revenues are documented and are helpful tools for quarterly reporting.

There are nine victim advocates within the State's Attorney's office, five of which are partially funded with either State or Federal funds. The matching and over matching funds are supported by County funds.

4. If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.

VOCA funding enables the State's Attorney's office to keep a steady number of advocates. Because of the financial climate of the County we are unable to increase staffing at this time. The current VOCA funded program accounts for 63.5% of the program with 36.5% contributed by the County.

5. Describe how your agency will financially sustain the program at the end of the three-year funding period.

At this time, the county does not have the funds to add any additional staff. If VOCA funds were not available, the victim advocate positions would likely be eliminated. The office will continue to look for other sources of revenue to fund the advocate positions if VOCA funds are not available. However, at this time we do not know how the program will be sustained without these funds.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state's attorney's offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

This program supports all crime victims in Kane County. Victims are notified by mail, phone or in person of the status of the case in which they are victims. They are given explanations of procedures and hearings. They are given community referrals to other agencies when they have needs we cannot meet. This program acts as a liaison between victims and prosecutors, making appointments and being present for interviews with the victim and the attorney prosecuting their case. Victim advocates assist victims with financial losses through court ordered restitution and/or the AG crime victim's applications. They help victims complete victim impact statements if requested to do so. They also accompany victims to court when they testify or when they are listening to the trial if they have not been excluded from the courtroom. The Victims' Rights Unit continues to provide fair and compassionate treatment to each victim of violent crime. Victim advocates inform, educate and support the victim in every way possible as the case makes its way through the judicial system.

1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:
 - a) How victims will be screened for eligibility,
 - b) How referrals will be made for services,
 - c) How services will be available for all victims of crime,
 - d) Location of victim service staff within law enforcement agency or state's attorney's office, and
 - e) Coordination of services with other victim service staff.

2. Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.

This program supports all crime victims in Kane County. Victims are notified by mail, phone or in person of the status of the case in which they are victims. They are given explanations of procedures and hearings. They are given community referrals to other agencies when they have needs we cannot meet. This program acts as a liaison between victims and prosecutors, making appointments and being present for interviews with the victim and the attorney prosecuting their case. Victim advocates assist victims with financial losses through court ordered restitution and/or the AG crime victim's applications. They help victims complete victim impact statements if requested to do so. They also accompany victims to court when they testify or when they are listening to the trial if they have not been excluded from the courtroom. The Victims' Rights Unit continues to provide fair and compassionate treatment to each victim of violent crime. Victim advocates inform, educate and support the victim in every way possible as the case makes its way through the judicial system.

3. Project the number of clients to be served during the grant period. Explain and justify this projection.

850 to 1000 crime victims are projected to be served during the grant program. Over the last 5 years, criminal cases filings have decreased. However, for 2017, we expect an increase in criminal case filings.

4. Describe known barriers to victims accessing victim services and how your agency will address these.

The problem most identified among crime victims is that they do not understand the court system. As advocates, we explain the judicial process to them and accompany them to court hearings and/or trials. We keep victims informed by setting up meetings or conferences calls with the prosecutors to keep the lines of communication open regarding their cases. Victims have often stated they need to know what is going on in their case especially if there are any plea negotiations being held. They want to be informed and consulted about any potential offers or plea agreements that are being discussed. Victims/family members are included in these discussions as to what type of disposition they would like to see in the case. The ultimate decision is made by the prosecutor. However, victims feel their input has been heard and valued.

5. Describe how the program design will incorporate trauma-informed care, as described in *Attachment 1* of the Notice of Funding Opportunity.

Trauma victims are referred to outside social services agencies who have specialized training in the physical, emotional, and psychological well-being of crime victims.

6. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.

Advocates are available to answer questions when victims call regarding IDOC inmate releases, AG compensation applications, restitution payments and counseling services. We are also available to answer questions regarding post-conviction hearings/petitions, accompany victims to court if they wish to attend hearings or are required to testify in court.

7. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

We refer victims for counseling services to outside agencies such as the Community Crisis Center (Elgin), Mutual Ground Inc. (Aurora), the Alliance Against Intoxicated Motorists (AAIM), and the Association of Individual Development (AID) for cases involving sexual assault, domestic violence, homicide and DUI. The Kane County State's Attorney's Office has built a good rapport with these agencies in assisting crime victims. The purpose of the program is to educate and assist crime victims through all stages of the criminal justice system.

8. Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program.

*Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.

Advocates send the Illinois Attorney General Crime Victims' Compensation application and information brochures to crime victims in our introductory packets. We inform victims about the Attorney General's Crime Victim's program and offer assistance in completing the application if needed. We gather restitution information and forward this information to the prosecutor who can then request restitution in Court from the defendant when there is a disposition in the case.

E. Staffing Plan

1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.

The Victims' Rights Unit consists of four victim advocates. Three, including one supervisor, are VOCA funded at 100% and one at 50%. Services are provided at the Judicial Center in St. Charles, Illinois during a thirty five hour work week. Matching and overmatching funds are provided by Kane County. All four advocates share the same responsibilities which include status hearings, arraignments, bond reduction hearings, motion hearings, bench and jury trials. They also assist victims with emergency orders of protections, plenary orders and stalking no contact orders. All advocates accompany victims to court hearings, arrange and attend meetings with the prosecutor. Victims are updated on the status of their court case and advocates are available to answer any questions they may have. Advocates assist victims for sentencing hearings and help victims prepare their victim impact statements to be presented in court.

The Supervisor and advocates meet weekly to discuss cases and any potential problems a victim may have. The Supervisor reports directly to the First Assistant State's Attorney.

2. What are the primary qualifications of program-funded staff (education, language skills, etc.)?

All advocates have undergraduate degrees in criminal justice. We currently have two bi-lingual advocates in the funded program that provide services to Spanish speaking crime victims. These services are extremely important to victims who are not English speaking.

The director of the unit supervises the other three victim advocates in the grant. She also carries a case load and is assigned two courtrooms.

We currently have one victim advocate who is credentialed through the National Organization for Victim Assistance (NOVA). She has renewed her credentials in the Advanced Level since 2005. She currently has an application in process to extend her credentials through 2019.

3. Describe how cases are coordinated and supervised within the agency.

New cases are given to the director for review and distribution. Advocates are assigned to specific courtrooms to which the cases are assigned. Cases that generally are assigned to our unit are those that include sexual assault, domestic violence, homicide and DUI cases.

4. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

At this time there is limited funding available for training. The unit will seek as many low cost trainings and webinars as possible to increase their skills in responding to trauma victims.

5. What other training needs have you identified for staff funded under this program?

The passing of Marsy's Law required training and procedural updates on all the new requirements. Further training in domestic violence and sexual assault is needed. Also, it would be beneficial to have advocates attend a self-care training to remind them that they need to care for themselves as well as the victims of crime.

6. How will you address those training needs? If you are unable to address those needs, please explain why.

Because of budget constraints, we seek out trainings that have little or no costs attached. The surrounding counties have offered free trainings which are attended by advocates. Our grant

monitor has been a good resource with information on trainings as well.

7. Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.

We currently do not utilize volunteers in the State’s Attorney’s office for direct services.

8. Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent** |
|-----------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| | | | |
| | | | |
| Victims’ Rights Coordinator | 1.0 | 100% | 1.0 |
| Victims’ Rights Coordinator | 1.0 | 100% | 1.0 |
| Victims’ Rights Coordinator | 1.0 | 100% | 1.0 |
| Victims’ Rights Coordinator | 1.0 | 50% | .50 |
| TOTAL | 4.0 | N/A | 3.50 |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted if application is funded.

Victim Services Advocate – please see attached job descriptions for advocates listed in the

VOCA grant.

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|--|-----------------------------------|-----------------------------------|
| <i>Example: Hire Staff</i> | <i>Program Administrator</i> | <i>Month One</i> |
| <i>Example: Train Staff</i> | <i>Training Coordinator</i> | <i>Month One</i> |
| | | |
| Provide support group services to family members of homicide victims. | Coordinator/Director | Bi-Monthly |
| Provide in-person information and referral services. | Coordinator | Daily |
| Provide telephone information and referral services to victims. | Coordinator | Daily |
| Provide criminal justice support/advocacy services to victims (including court escorts, preparing victim impact statements, status notifications, and restitution forms. | Coordinator | Daily |
| | Coordinator | Daily |
| Provide assistance in completing AG compensation applications. | Coordinator | Daily |
| Submit quarterly data report to the Authority | Coordinator/Director | 15 th of every Quarter |
| Submit quarterly fiscal reports to the Authority | Chief Financial Officer | 15 th of every Quarter |
| | | |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must

identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

Tracks I and II Goals, Objectives, and Performance Measures:

| Goal: To provide advocacy services to victims of crime. | |
|--|---|
| Objective | Performance Measure |
| <i>SCREENING</i> | |
| # N/A___ victims screened for eligibility by your agency. # N/A___ clients will be provided services by your agency. | # of victims screened for eligibility by your agency. # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred. # of clients provided services by your agency. |
| <i>INFORMATION & REFERRAL</i> | |
| # _850 - 1000_ clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. |
| # _850 - 1000___ clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. |
| # __400_ clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred. # of times staff provided referrals to other victim service providers. |
| # _400___ clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # ___ clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, supports, and resources. |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| #___N/A___ clients will receive individual | # of clients provided individual advocacy (e.g., |

| | |
|--|---|
| advocacy (e.g., assistance applying for public benefits). | assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| #_N/A_ clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| #_N/A_ clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |
| #_N/A_ clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance. |
| #_N/A_ clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| #_N/A_ clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| #_N/A_ clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| #_N/A_ clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| #_N/A_ clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| EMOTIONAL SUPPORT OR SAFETY SERVICES | |

| | |
|---|---|
| # <u>N/A</u> clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| <i>SHELTER/HOUSING SERVICES</i> | |
| # <u>N/A</u> clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| # <u>850-1,000</u> clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | # of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events. |
| # <u>150</u> clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # <u>250</u> clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| # <u>N/A</u> clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |
| # <u>350</u> clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. |
| <i>REQUIRED TRAININGS</i> | |
| # <u>1</u> staff will receive training on trauma | # of staff trained # of trainings on trauma held |

Additional Track II Goals, Objectives, and Performance Measures:

| | |
|---|---|
| <i>REQUIRED TRAININGS</i> | |
| # <u>N/A</u> of individuals interviewed to become a CASA volunteer. | # of individuals interviewed to become a CASA volunteer. # of individuals offered a volunteer CASA position. |

| | |
|---|---|
| #_N/A_ of volunteer trainings to be held. | # of volunteer trainings held. # of volunteers trained. |
| #_N/A_ of current CASA volunteers. | # of current CASA volunteers. |
| #_N/A_ of cases to be reviewed and assigned to advocates. | # of cases reviewed and assigned to advocates. # of clients served by advocates. # of supervision meetings held with advocates. |

| | | | |
|---|--|--|------------------------------|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Kane | | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | 01/01/18 - 12/31/2018 |

All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." Please read all instructions before completing form.

SECTION A -- FEDERAL/STATE OF ILLINOIS FUNDS

| Revenues | Year 1 | | | |
|---|---------------|--|--|--|
| (a). State of Illinois Grant Amount Requested | \$ 123,263 | | | |

BUDGET SUMMARY - FEDERAL/STATE OF ILLINOIS FUNDS

| Budget Expenditure Categories <i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i> | Year 1 | | | |
|--|-------------------|--|--|--|
| 1. Personnel (Salaries & Wages) 200.430 | \$ 74,165 | | | |
| 2. Fringe Benefits 200.431 | \$ 30,203 | | | |
| 3. Travel 200.474 | \$ - | | | |
| 4. Equipment 200.439 | \$ - | | | |
| 5. Supplies 200.94 | \$ - | | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | \$ - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | \$ 104,368 | | | |
| 17. Indirect Costs* (see below) 200.414 | | | | |
| Rate: <u>0%</u> Base: <u>\$ 0</u> | \$ - | | | |
| 18. Total Costs State Grant Funds (lines 16 and 17) | \$ 104,368 | | | |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:

Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 Complies with other statutory policies (please specify) :

The Restricted Indirect Cost Rate is _____ %

5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|--|
| | Period Covered by the NICRA: _____ |
| | Approving Fed/State Agency (please specify): _____ |
| | The Indirect Cost Rate is: _____ % |
| | The Distribution Base is: _____ |

| | | | |
|--|--|---|-----------------------|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Kane | | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | 01/01/18 - 12/31/2018 |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

Implementing Agency _____

Program Agency _____

County of Kane

Name of Applicant Institution/Organization

Signature

David Rickert

Name of Official

Kane County Treasurer

Title
Chief Financial Officer (or equivalent)

Date of Signature

County of Kane

Name of Applicant Institution/Organization

Signature

Chris Lauzen

Name of Official

Board Chairman

Title
Executive Director (or equivalent)

Date of Signature

Kane County State's Attorney

Institution/Organization

Signature

Joseph H. McMahon

Name of Official

State's Attorney

Title
Executive Director (or equivalent)

Date of Signature

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | |
|--|------------------------------|---------------|---------|--|
| Grantee (or Subgrantee) DUNS: | 963572417 | | | |
| Grantee (or Subgrantee) Name: | County of Kane | | | |
| Grantee (or Subgrantee) DBA: | Kane County State's Attorney | | | |
| Grantee (or Subgrantee) Address: | 37W777 Route 38, Suite 300 | | | |
| City: | St. Charles | State: | IL | Zip+4: 60175-7535 Congressional District: 14 |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | |
| City: | St. Charles | State: | IL | Zip+4: 60175-7535 Congressional District: 14 |
| Grant #: | Award Amount: | \$ | 104,368 | 01/01/18 - 12/31/2018 |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | |
| CSFA Short Description: VOCA FFY16 | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | |
| Yes <input checked="" type="checkbox"/> If yes, you are not required to provide data. | | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | |
| Please provide names and total compensation of the top five officials: | | | | |
| Name: | | Amount: | | |

Section C - Budget Worksheet & Narrative

1). **Personnel (Salaries & Wages)** (2 CFR 200.430) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Name | Position | Computation | | | | Federal/State Amount | Match | Total Cost |
|-------------------------|-------------------------------|----------------|---------------------|-----------|------------------------------|----------------------|-----------|------------|
| | | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Quantity (based on Yr/Mo/Hr) | | | |
| <i>Judy Bland</i> | <i>Victim Rights Advocate</i> | \$ 42,845 | Yr. | 100.00% | 1.00 | \$ 27,209 | \$ 15,636 | \$ 42,845 |
| <i>Melissa Gonzalez</i> | <i>Victim Rights Advocate</i> | \$ 26,266 | Yr. | 100.00% | 1.00 | \$ 16,680 | \$ 9,586 | \$ 26,266 |
| <i>Yasmin Gonzalez</i> | <i>Victim Rights Advocate</i> | \$ 27,863 | Yr. | 100.00% | 1.00 | \$ 17,694 | \$ 10,168 | \$ 27,863 |
| <i>Beth Williamson</i> | <i>Victim rights Advocate</i> | \$ 39,630 | Yr. | 50.00% | 1.00 | \$ 12,583 | \$ 7,232 | \$ 19,815 |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |

Total \$ 74,166.00 \$ 42,622.00 \$ 116,789.00

Personnel Narrative:

- This funding retains three full time and one advocate at 50%. A full work week consists of 35 hours. Three of the advocates work 35 hours per week for VOCA and one advocate splits her time 50% between VOCA and Domestic Violence cases exclusively. Each advocate gives services to victims who become involved in the Criminal Justice System. Services include but are not limited to, court escorts, case status reports, assists in filing restitution and compensation forms and assists in the preparation of victim impact statements. Their job is to make the victims' time in the court system as easy and as informative as possible. The advocates are responsible for effectively responding to victims in the emotional, physical and financial aftermath of victimization.

Section C - Budget Worksheet & Narrative

5). Supplies (2 CFR 200.94) --List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Supply Items | Computation | | | Federal/State Amount | Match | Total Cost |
|--------------|-----------------------|------|---|----------------------|-------|------------|
| | Quantity/ Duration | Cost | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| <i>Total</i> | | | | \$ | - | \$ |
| | | | | - | \$ | - |
| | | | | \$ | - | \$ |

Supplies Narrative:

Section C - Budget Worksheet & Narrative

6. Contractual Services (2 CFR 200.318) & Subawards (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88). **However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information.** This budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | | | Federal/State Amount | Match | Total Cost | | | |
|--------------|----------------|-------|----------------|---|----------------------|-------|------------|---|----|---|
| | Cost per Basis | Basis | Length of Time | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| Total | | | | | \$ | - | \$ | - | \$ | - |

Contractual Narrative:

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-----------------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| <i>NOT APPLICABLE</i> | | | | | \$ - |

Indirect Cost Narrative:

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Institution/Organization

Signature

Signature

Name of Official

Name of Official

Title
Chief Financial Officer (or equivalent)

Title
Executive Director (or equivalent)

Date of Signature

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|--------------------------------|-----------------------------|---------------------|----------------------|
| 1. Personnel | \$ 74,166.00 | \$ 42,622.00 | \$ 116,789.00 |
| 2. Fringe Benefits | \$ 30,202.00 | \$ 17,361.00 | \$ 47,563.00 |
| 3. Travel | \$ - | \$ - | \$ - |
| 4. Equipment | \$ - | \$ - | \$ - |
| 5. Supplies | \$ - | \$ - | \$ - |
| 6. Contractual Services | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. Indirect Costs | \$ - | \$ - | \$ - |
| TOTAL PROJECT COSTS | \$ 104,368.00 | \$ 59,983.00 | \$ 164,352.00 |

| | | | |
|---|---|---|------------------------------|
| ICJIA Agency Approval | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Kane | | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | 01/01/18 - 12/31/2018 |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.

4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.

5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.

- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|---|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|--|---|
| 22. | Legal Name | Kankakee, County of |
| 23. | Common Name (DBA) | |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 36-6006594 |
| 25. | Organizational DUNS number | 075621631 |
| 26. | SAM expiration date | 12/14/2017 |
| 27. | SAM Cage Code | SEGX9 |
| 28. | Business Address | Street address: 189 E Court St, Fl. 5th City: Kankakee State: Illinois County: Kankakee Zip + 4: 60901-3879 |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|------------------|--|
| 29. | First Name | Steve |
| 30. | Last Name | McCarty |
| 31. | Suffix | |
| 32. | Title | Kankakee County Finance Director |
| 33. | Telephone Number | 815-936-5582 |
| 34. | Fax Number | 815-936-5801 |
| 35. | Email address | smccarty@k3county.net |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|------------------|--|
| 36. | First Name | Steve |
| 37. | Last Name | McCarty |
| 38. | Suffix | |
| 39. | Title | Kankakee County Finance Director |
| 40. | Telephone Number | 815-936-5582 |
| 41. | Fax Number | 815-936-5801 |
| 42. | Email address | smccarty@k3county.net |

Program Agency Information (If different from Implementing Agency.)**

| | | |
|-----|----------------------------|--|
| 43. | Legal Name | Kankakee, County of DBA Kankakee County State's Attorney's Office |
| 44. | Organizational DUNS number | 018055629 |
| 45. | SAM expiration date | 05/24/2018 |
| 46. | SAM Cage Code | 48BT7 |
| 47. | Business Address | Street address: 450 E Court St City: Kankakee State: IL County: Kankakee Zip + 4: 60901-3917 |

| | | |
|---|--|--|
| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
| 48. | First Name | Teresa |
| 49. | Last Name | Willis |
| 50. | Suffix | |
| 51. | Title | Office Manager |
| 52. | Telephone Number | 815-936-5826 |
| 53. | Fax Number | 815-936-5801 |
| 54. | Email address | twillis@k3county.net |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | Kankakee County |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 2 nd State Senate District: 40 th State Representative District: 79 th |
| 57. | Primary Area of Performance | 450 E Court St Kankakee, IL 60901-3917 |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 2 nd State Senate District: 40 th State Representative District: 79 th |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | Victim Services |
| 60. | Proposed Project Term | Start Date: 01/01/18 End Date: 12/31/18 |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$114,748 <input type="checkbox"/> Budgeted Amount: \$114,748 <input type="checkbox"/> Match: \$22,950 <input type="checkbox"/> Overmatch: \$0 <input type="checkbox"/> Program Income: \$91,798 <p style="text-align: right;">Total Amount : \$114,748</p> Indirect cost rate: <u> 0 </u> % |
| Applicant Certification: | | |
| <p>By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.</p> <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p> | | |

| Implementing Agency Authorized Official (Director, President, Chair, or similar position) | | |
|--|--|--|
| 62. | First Name | Andrew |
| 63. | Last Name | Wheeler |
| 64. | Title | Kankakee County Board Chairman |
| 65. | Telephone Number | 815-937-3642 |
| 66. | Fax Number | 815-937-3918 |
| 67. | Email address | awheeler@k3county.net |
| 68. | Signature of Authorized Representative |  |
| 69. | Date Signed | 10/12/17 |
| Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.) | | |
| 70. | First Name | Nick |
| 71. | Last Name | Africano |
| 72. | Title | Kankakee County Treasurer |
| 73. | Telephone Number | 815-937-2973 |
| 74. | Fax Number | 815-937-2962 |
| 75. | Email address | nafricano@k3county.net |
| 76. | Signature of Authorized Representative |  |
| 77. | Date Signed | 10/12/17 |
| Program Agency Authorized Official | | |
| 78. | First Name | James |
| 79. | Last Name | Rowe |
| 80. | Title | Kankakee County State's Attorney |
| 81. | Telephone Number | 815-936-5800 |
| 82. | Fax Number | 815-936-5801 |
| 83. | Email address | jrowe@k3county.net |
| 84. | Signature of Authorized Representative |  |
| 85. | Date Signed | 10-11-17 |

** ICJIA specific modification to GATA form

PROGRAM NARRATIVE

(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font and **double-spaced** with 1 inch margins and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- County state's attorney
- County sheriff's department
- Local police department
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

*Victim services agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Offer new types of services.
- Serve additional victim populations.
- Continue existing services to crime victims.*

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

A. Statement of Problem

1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.

The following information shows the extent of crime in Kankakee County:

Kankakee County is located in Northeastern Illinois about 65 miles south of Chicago and covers an area of 677 square miles. The "Authority" considers Kankakee County a Metropolitan Statistical Area (MSA) and an urban county for the purposes of reporting and comparing criminal justice statistics.

The Illinois State Police provides crime rate data for Illinois counties and communities. Their "Total Crime Index" reflects reports from the various police agencies within the county. The most recent "Total Crime Index" offenses for Kankakee County is for 2015 and was reported at 2,762 and in 2014 was reported at 3,047. The years 2015 and 2014 included the following crimes, respectively: 5 & 11 murders; 39 & 43 rapes; 82 & 103 robberies; 185 & 166 aggravated assaults; 491 & 517 burglaries; 1,845 & 2,093 thefts; 78 & 88 motor vehicle thefts; and 37 & 26 arson.

Additionally, the "Total Crime Index" Supplemental Data for the years of 2015 & 2014 included the following crimes, respectively: 52 & 52 crimes against school personnel; and 379 & 698 domestic crimes.

In 2016, the Kankakee County State's Attorney's Office filed and disposed of the following cases: felonies 562 filed (528 disposed); misdemeanors 1030 filed (984 disposed); and juvenile 197 filed (281 disposed).

With the volume of crime in the County of Kankakee, it creates a need for two Victim Service Coordinators in the Kankakee County State's Attorney's Office.

2. Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.

1st Strength - The Kankakee County State's Attorney's Office's Victim Services Coordinators are experienced and professional. Victims are treated with respect and compassion while their needs are being met as they progress through the court system.

2nd Strength - By collaborating with community services, it helps to increase confidence in the system and encourages future victim participation, which makes both law enforcement and the prosecutor's job more efficient and our communities safer. By helping victims with impact statements, it helps Probation and Court Services in part with court ordered pre-sentence investigations and allows the department to focus on effective community based supervision. Victim Services ensures that interactions between the crime victims and the Criminal Justice System are beneficial so that they regard it as responsive, fair, and just.

1st Challenge - Approximately five years ago, the Kankakee's Victim's Assistance Center closed who used to serve many victims whose cases were not charged in court. They assisted homeless victims, victims who needed counseling that did not have insurance, and victims who needed financial services and food. Because this center closed, our office relies on many private organizations and once their money is out, it limits victims' assistance.

2nd Challenge - Victims are often times unaware of their rights and of the vast amount of services available to them through our office as well as the services available to them through the community.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

1. Please provide a *brief* description of your entire organization, including unit descriptions and staffing.

The Kankakee County State's Attorney's Office consists of five divisions (Criminal, Civil, Juvenile, Traffic, and Victim Services). The Criminal Division has the responsibility to prosecute all felony and misdemeanor cases in the Twenty-First Judicial Circuit. By law, the State's Attorney's Office's Civil Division has the responsibility to provide legal counsel to Kankakee County. The Traffic Division prosecutes DUIs and traffic offenses. The Juvenile Division handles delinquency and abuse/neglect cases. Victim Services offers direct services to crime victims.

We hold criminals accountable and ensure that the rights of victims are honored and respected throughout the process. In the courtroom, we provide the highest quality legal representation for the community and seek justice in each and every case. The prosecutor's "client" is the people of Kankakee County. The attorneys, paralegals, legal secretaries and other associated support staff in the criminal division are committed to providing justice for victims of crime in the most professional, respectful and compassionate manner while ensuring that offenders are prosecuted to the fullest extent of the law.

The Kankakee County State's Attorney's Office has two offices located at 450 E Court St, 3rd FL, Kankakee, IL. and 189 E Court St, 6th FL, Kankakee, IL. Services are provided out of five divisions (Criminal, Juvenile, Traffic, Civil, and Victim Services).

The Criminal Division is located at 450 E Court St, 3rd FL, Kankakee, IL and consists of the State's Attorney, First Assistant, Chief of the Criminal Division, and eight Assistant State's

Attorneys, and a support staff of one part-time clerk and five full-time clerks and an office manager.

The Juvenile Division is located at 189 E Court St, 6th FL, Kankakee, IL and consists of one full-time Assistant State's Attorney and one full-time clerk.

The Traffic Division is located at 189 E Court St, 6th FL, Kankakee, IL and consists of two Assistant State's Attorneys, and a support staff of one part-time clerk and two full-time clerks.

The Civil Division is located at 189 E Court St, 6th FL, Kankakee, IL consists of the Chief of the Civil Division, two Assistant State's Attorneys, and two paralegals.

Victim Services is located at both 450 E Court St, 3rd FL, Kankakee, IL and 189 E Court St, 6th FL, Kankakee, IL. and consists of two Victim Service Coordinators, one at each location.

2. What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.

Victim Services provides crime victims with emotional support, emergency legal advocacy, personal advocacy, criminal justice support and advocacy, an explanation of the Victim's Bill of Rights, and recommends the Attorney General's compensation program. Victim Services assists with filing temporary protective orders, impact statements, restitution, transportation, child care, filing compensation claims, securing rights and services from outside agencies referring victims for financial assistance, counseling, shelter, and food. Victim Services assists with restitution by making contact with medical providers, requesting medical records, contacting collection agencies, and speaking with medical providers about delay of payment because of the judicial system.

While cases are pending, Victim Services will: maintain contact with the victims throughout the judicial process; provide court orientation and escort; provide information regarding the progress of the case; send notification regarding case appearance, status, sentencing, disposition and defendant release from a correctional facility. Even though a case is resolved, Victim Services will continue to provide emotional support and referrals as needed.

3. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

| Type of staff | Number of staff |
|--|-----------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 2 |
| Number of managerial staff | 0 |
| Number of administrative support staff | 0 |

4. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.

Kankakee County (Kankakee, Bradley, Bourbonnais, St. Anne, Hopkins Park, Aroma Park, Irwin, Herscher, Buckingham, Union Hill, Essex, Reddick, Chebanse, Sun River Terrace, Momence, Grant Park, Manteno, Limestone, Bonfield)

C. Agency Capacity and Experience

1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

The Kankakee County State's Attorney's Office is committed to improving communication with victims. Our Victim Division provides a variety of services for crime

victims to make their experience with the criminal justice system less traumatic and easier to understand. Our mission is to provide comprehensive and coordinated services to all victims of violent crimes with fairness, dignity, and respect and to empower victims in their recovery from the effects of crime through crisis intervention and related support services.

The Kankakee County State's Attorney's Office has been providing services for victims of crime since approximately 1993. From 4/1/16 – 3/31/17, the State's Attorney's Office provided the following services and number of clients:

- 3,724 Follow-up Contact
- 750 In-Person Information & Referral Services
- 3,931 Provided Other Criminal Justice Advocacy/Support Services
- 12 Emergency OOP - Legal Advocacy
- 433 Personal Advocacy
- 1,088 Telephone Information & Referral Services
- 66 Assist with and/or inform about Filing Compensation Claims

CLIENT CASE SUMMARY #1 - Juvenile Sexual Assault, Sex Offender Registration Termination Hearing. This case was charged in 2000 and the minor was found guilty of the crime. Sixteen years later, the minor filed a motion to terminate his sex offender registration. At the time of the crime the victim was five years old. At the time of the termination hearing, the victim was an adult in his early twenties. It was essential for our office to have the victim testify in regards to this case. However, all the contact information our office had was obsolete. After pursuing all resources in an attempt to locate the victim or family, we found the victim in Colorado and the victim's mom immediately returned our call. We asked the mother to write a

Victim Impact Statement because her son, the victim, was only five years old at the time of the crime and she agreed. Also, the mother did not want her son to relive the incident because he struggled so much in school afterwards and that is why the family moved so he could get a fresh start for himself. Our office found the mother within two weeks of the registration hearing and she took off work and drove to Kankakee, Illinois through the night to arrive for the hearing. When she arrived, the detectives that worked the case remembered the mother and son. According to the detective, "It was one of the most horrific cases he had ever worked on during his time as a detective." The mother read her Victim Impact Statement and everyone present in the courtroom got a "bird's eye view" of an incident that took place almost 16 years ago. The mother stated "I had to do this for my son. He may not remember everything, but I remember all his sleepless nights. It was hard as a parent to have to watch my son go through what he went through." The hearing was finalized that day and the case was continued under advisement for another court date. The judge came back with a decision denying the petition for the defendant to stop registration and we notified the mother of the good news.

CLIENT CASE SUMMARY #2 – Domestic Violence cases - In 2009 several cases were charged against a defendant for domestic violence between him and the victim, his girlfriend. In 2002, the defendant was sentenced to IDOC for 7 years 50% pleading guilty to distributing cocaine and domestic battery. In 2008 after the defendant was released from IDOC, the domestic abuse began again. Between 2008 and 2009, the defendant was charged with numerous domestic violence counts. A bench trial was held on all of the cases. The victim was served and appeared for trial but was hostile and did not want to proceed with any of the cases because she and the defendant were still in a relationship and had children together and the defendant provided most of the finances.

The first trial began and the victim testified the statement she wrote did not belong to her and the defendant's directed verdict was allowed. After the verdict the Assistant State Attorney filed a petition to revoke the defendant's bond because there was a No Contact Order entered as part of defendant's bond condition and the Judge revoked the defendant's bond and placed him into custody.

A few days later, the second trial occurred and the victim recanted again and the defendant was found not guilty.

Immediately after the not guilty verdict, another trial began and the victim again recanted, but the officer who investigated the case testified stating that while patrolling the neighborhood he found the victim lying in the road unconscious with blood on her head. The officer testified that it was dark out and he almost ran the victim over before noticing her and slamming on the breaks. He got out of the car and noticed a cracked beer bottle lying next to the unconscious victim and he called an ambulance. The defendant was found guilty.

A few days later, the last trial occurred and the victim recanted again and stated she could not recall anything but the defendant was still found guilty. The defendant was sentenced to 10 months straight in jail. The first couple of days of trial the defendant's mother appeared with the victim but on the last day of trial the victim appeared alone which gave Victim Services an opportunity to finally talk to her without feeling pressured by her boyfriend's family. She was told this was the perfect time for her and her children to leave the residence they shared with the defendant and to break the cycle of violence. Unfortunately, she stayed with the defendant professing her dying love for him even though she almost lost her life when the defendant left her unconscious in the middle of a road.

2. If your agency does not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.

This question is not applicable since the Kankakee County State's Attorney's Office has had over twenty years of providing services to victims. Please see #3 regarding history providing services for this specific focus area.

3. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.

The Kankakee County State's Attorney's Office's FY2017 General Fund budget is \$700,000, Special Funds \$45,550, and Grants Funds \$260,568 (\$72,368 VOCA; \$160,000 VAWA; and SAAP Drug \$28,200). The Kankakee County State's Attorney's Office has previously been awarded the following grants:

- Victims of Crime Act (VOCA) grants since 1993 to present: 215034, 214034, 213034, 212034, 211034, 210034, 209034, 208034, 207034, 206034, 204534, 204034, 202034, 211018, 210018, 209018, 208018, 207318, 206018, 205018, 203018, 201057, 201018, 200018, 2918, 2818, 2718, 2618, 2518, 2422, 2310. The county provided 25% Match Funding.
- Victims Against Women's Act (VAWA) grants since 2004 to present: 602075, 603175, 603375, 603575, 603675, 607675, 608075, 609175, 609275, 610175, 611175, 612175, 614026, 616026, 61626. The county provided 25% Match Funding.
- Juvenile Accountability Incentive Block Grant (JAIBG) from 2000 through 2007: 508036, 504085, 503085, 502085, 501085, 500085, 59126, 59085, 58036. The county

provided 25% Match Funding.

- Two three year ARRA JAG grants, Integrated Information System grant #809039 and a ARRA JAG Drug Prosecution grant #809038, from 2010 - 2013. No Match Funding was required.
 - A Drug Prosecution grant through the Illinois State's Attorney Appellate Prosecutor's Office for over twenty years.
 - A second Drug Prosecution grant also through the Illinois State's Attorney Appellate Prosecutor's Office from approximately 2000 – 2004.
 - A Gun Prosecution grant through Project Safe Neighborhood from approximately 2002 – 2004.
 - A Stolen Auto Task Force grant through the Joliet, IL Police Department's Tri-County Theft Auto Unit from before 1995 – 2015.
4. If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.

This funding would allow us to maintain both Victim Services Coordinators who are currently funded through a \$72,368 VOCA award which covers 100% of their salaries and a percentage of travel, office supplies, and postage.

5. Describe how your agency will financially sustain the program at the end of the three-year funding period.

The State's Attorney's Office could not afford to lose these positions, as they are crucial to supporting and empowering victims. Toward that end, at the conclusion of the funding period

the Office would either identify an alternative source of funding for these positions to continue providing services to victims; or the Office would be forced to make budget cuts to support staff and attorneys and reallocate those funds to continue funding the Victim Services Coordinators. Either alternative would prove difficult, but we are committed to providing Victim Services beyond the funding period of this grant and as long as there are victims in our community to serve.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state's attorney's offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:

a) How victims will be screened for eligibility,

In a criminal justice system, defendants of crime have an option to plead "guilty" to the charges, which may include participation in a diversionary program, or to plead "not guilty" and ask for either a jury trial or a bench trial. No matter whether the defendant pleads guilty or not guilty or even if the case is dismissed, an information letter is sent to the victim. If requested by the victim, an informal meeting is scheduled with Victim Services.

b) How referrals will be made for services,

While victims' cases are pending, Victim Services maintains contact throughout the criminal justice proceedings and works in collaborative association with local agencies providing information regarding the court process, financial assistance, and community based services.

c) How services will be available for all victims of crime,

While cases are pending, Victim Services will: maintain contact with the victims throughout the judicial process; provide court orientation and escort; provide information regarding the progress of the case; send notification regarding case appearance, status, sentencing, disposition and defendant release from a correctional facility. Even though a case is resolved, Victim Services will continue to provide emotional support and referrals as needed.

d) Location of victim service staff within law enforcement agency or state's attorney's office, and

The Kankakee County State's Attorney's Office has two Victim Services locations. One is in the courthouse at 450 E Court St, 3rd floor, Kankakee, IL and the satellite location is at 189 E Court St, 6th Floor, Kankakee, IL.

e) Coordination of services with other victim service staff.

Victim Services Coordinators cover for each other when one is out of the office.

2. Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.

The Kankakee County State's Attorney's Office has been providing services for victims of crime since before 1993 and from 4/1/16 – 3/31/17 actual services and number of clients served were: 3,724 Follow-up Contact; 750 In-Person Information & Referral Services; 3,931 Provided Other Criminal Justice Advocacy/Support Services; 12 Emergency OOP and Legal Advocacy; 433 Personal Advocacy; 1,088 Telephone Information & Referral Services; 66 Assist with and/or inform about Filing Compensation Claims.

3. Project the number of clients to be served during the grant period. Explain and justify this projection.

Based upon actual services and number of clients served from 4/1/16 – 3/31/17, the Kankakee County State's Attorney's Office projects to provide services to approximately 3,750 clients during the performance period.

4. Describe known barriers to victims accessing victim services and how your agency will address these.

Crime victims that come into contact with this office are unaware of their rights: to be treated with fairness and respect for their dignity and privacy throughout the criminal justice process; to receive notification of court proceedings; to make a statement to the court at sentencing; to receive information about the conviction, sentence, imprisonment, and release of the accused (Automated Victim Notification, AVN); to receive timely disposition of the case following the arrest of the accused; to be reasonably protected from the accused throughout the criminal justice process; to be present at the trial and all other court proceedings and if necessary help with assistance for childcare and transportation; and restitution.

Also, crime victims are unaware of the vast amount of services available to them through this office as well as the services available to them through the following local agencies: KANKAKEE COUNTY CENTER AGAINST SEXUAL ASSAULT (KC-CASA) offers Orders of Protection, counseling and emotional support; HARBOR HOUSE offers a place to stay, counseling, and Orders of Protection; CATHOLIC CHARITIES offers counseling and financial assistance; SALVATION ARMY offers meals, clothing, and a place to stay; DEPARTMENT OF PUBLIC AID offers in an emergency to see victims that day and if they qualify will give cash for food and rent if they can find a place that quickly; KCCS (Kankakee County Community Services) offers food and help with utility bills; CENTER OF HOPE is a food

pantry; and OPEN BIBLE CENTER is a food pantry.

5. Describe how the program design will incorporate trauma-informed care, as described in *Attachment 1* of the Notice of Funding Opportunity.

The State's Attorney's Office will create Trauma-Informed Care practices which will recognize trauma as a central issue effecting the overall well-being of a victim, psychologically, mentally, emotionally, and physically. We will recognize the concept that most victims have trauma history and will value the experiences central to a person's life which impacts their reactions and responses. We will understand that a person's behavior could be related to trauma.

Victim Services will be trained to become a "trauma champion". They will be compassionate, caring, empathetic, and concerned with the overall well-being, health, safety, healing, and recovery of the victim who has been through a traumatic event and more than likely has trauma history. Victim Services will focus on trust and safety, facilitate recovery, collaborate with local agencies, and help minimize the possibilities of victimization and re-victimization. Victim Services will model appropriate respect, honesty, empathy, and provide dignity in every interaction with a victim.

Not only will our office focus on trauma-informed care for the victim but will also create a healthier work environment recognizing the importance of the overall well-being, health, and safety of our Victim Service Coordinators. This in turn will benefit victims receiving services.

6. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.

While cases are pending, Victim Services will: maintain contact with the victims throughout the judicial process; provide court orientation and escort; provide information

regarding the progress of the case; send notification regarding case appearance, status, sentencing, disposition and defendant release from a correctional facility. Even though a case is resolved, Victim Services will continue to provide emotional support and referrals as needed.

7. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

Collaboration is necessary for creating and maintaining a victim-centered approach. Ensuring victims' needs are met often can increase their level of trust, comfort and involvement with the legal system. Our Victim Services collaborates with the following agencies providing information regarding the court process, financial assistance, and community based services (copies of letters of support are attached):

HARBOR HOUSE – Females of domestic violence are referred to this agency. They provide the victims and their children free counseling, civil orders of protection (if offender is not in custody), food, clothing, and temporary shelter.

PROBATION & COURT SERVICES – Victims are referred to this agency for important information regarding the court process, financial assistance, and community based services.

KANKAKEE COUNTY SHERIFF'S POLICE - Victims are referred to this agency when they are seeking civil orders of protection and need to get a copy of the report, or escorted to the residence, or to make additional statements. Also, victims are referred with evidence release forms and when our office has not yet received the police reports to determine if charges are necessary.

BOURBONNAIS POLICE DEPT – Victims are referred to this agency when they are seeking civil orders of protection and need to get a copy of the report, or escorted to the

residence, or to make additional statements. Also, victims are referred with evidence release forms and when our office has not yet received the police reports to determine if charges are necessary.

MANTENO POLICE DEPT - Victims are referred to this agency when they are seeking civil orders of protection and need to get a copy of the report, or escorted to the residence, or to make additional statements. Also, victims are referred with evidence release forms and when our office has not yet received the police reports to determine if charges are necessary.

KANKAKEE COUNTY CENTER AGAINST SEXUAL ASSAULT (KC-CASA) – Victims are referred to this agency for sexual assault counseling.

8. Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program.

*Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.

VOCA Victims' Compensation program is provided on the Kankakee County State's Attorney's website located at www.k3sao.com. At the bottom of the Victim Services page, click on the link "For more information about Crime Victims' Rights In Illinois, [click here.](#)" And it will take you to the Attorney General's webpage "Helping Crime Victims".

E. Staffing Plan

1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.

The Victim Services Coordinators provide the following direct client services to victims: an initial information letter which includes case information, restitution information, and notice of victim's rights; follow up contact; information and referral (in-person & telephone contacts); criminal justice support; personal advocacy; and assistance in filing compensation claims.

The Victim Services Coordinators collaborate with the following agencies providing information regarding the court process, financial assistance, and community based services. Services are provided from both of the Kankakee County State's Attorney's Offices located at 450 E Court St, 3rd Floor, Kankakee, IL 60901 and 189 E Court St, 6th Floor, Kankakee, IL 60901. 100% of time is covered by VOCA federal and match funding. The Victim Services Coordinators report to the State's Attorney, First Assistant, and Office Manager.

2. What are the primary qualifications of program-funded staff (education, language skills, etc.)?

Associate's Degree (AA) or equivalent from two-year college or technical school; with six months to one year related experience and/or training; or equivalent combination of education and experience. Ability to effectively present information and respond to questions from management, clients, juvenile and criminal justice team members, and the general public. Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions, some complex, furnished in written, oral, diagram, or schedule form.

3. Describe how cases are coordinated and supervised within the agency.

Victim Services sends initial letters to all victims. If requested by the victim, an informal meeting is scheduled with them. While cases are pending, Victim Services provides the following services: maintains contact with victims through sentencing proceedings; provides

court orientation and court escort; assists with temporary orders of protections, impact statements, restitution, transportation, and child care; sends notifications regarding case appearance, status, disposition, and defendant release from a correctional facility; helps with filing compensation claims and locating emergency financial assistance; and makes referrals to local agencies. Even though a case is resolved, Victim Services continues to provide emotional support and referrals as needed. Also, Victim Services attends domestic violence court, jury trials, and bench trials for victims.

4. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

The Kankakee County State's Attorney's Office's Victim Services Coordinators will participate in specialized and on-going training to enhance knowledge of trauma-informed processes either in classroom trainings and/or through on-line webinar trainings such as the following:

Online Training & Resource Center - The National Center on Domestic Violence, Trauma & Mental Health's Online Training & Resource Center (OTRC) is designed to increase access to resources, training, and technical assistance. The OTRC currently features the following collections, each of which include web-based trainings, written materials, and tools designed to facilitate learning and organizational change: TILA WEBINARS: - "Trauma-Informed Legal Advocacy: An Introduction: How can legal advocates and attorneys who work with survivors of domestic violence and sexual assault take a trauma-informed approach to their work?"; Domestic violence and sexual assault programs across the country have increasingly adopted a trauma-informed approach within their organizations. But when we support survivors

in a legal context, specific challenges may arise that make it harder for us to maintain a trauma-informed approach to our work. This webinar will provide a framework as well as concrete tips for applying a trauma-informed approach to supporting survivors in the context of legal proceedings. This webinar is intended as an introduction to trauma-informed legal advocacy. Rachel White-Domain, JD, presents on behalf of NCDVTMH.”

Office for Victims of Crime Training & Technical Assistance Center (OVCTTAC) which offers each month the nation's experts answering questions about best practices in victim services. Training materials include Listen/View Webinars and View PowerPoint presentations. In August, they offered an expert Q&A session on “Organizational-Level Response and Planning for Staff Compassion Fatigue and Vicarious Trauma via a webinar, along with a copy of the PowerPoint. This session focuses on how OVC’s [Vicarious Trauma Toolkit](#) (VTT) can help you to: Conduct an assessment of your agency's current capacity as a vicarious trauma-informed organization; Bring leadership and staff together to review your existing capacity, identify gaps, and prioritize needs; Locate resources and tools in the VTT and Compendium of Resources to help meet your identified needs; Develop a comprehensive plan to become a vicarious trauma-informed organization.”

The Illinois Coalition Against Domestic Violence (ICADV) offers a series of web-based courses featuring domestic violence topics: “Module A - Foundations of Domestic Violence; Module B - Advocacy for Domestic Violence Victims; Module C - Children’s Issues; Cultural Competency; Module D - Domestic Violence Victims with Complex issues; and Module E - Legal Issues; Making Referrals; Domestic Violence Certification.”

5. What other training needs have you identified for staff funded under this program?

Victim Services Coordinators will participate in on-going specialized training either in classroom settings and/or through webinar trainings to enhance their knowledge of trauma-informed processes for not only the victim but also for their own overall well-being (mentally, physically, emotionally) reducing the effects of vicarious trauma, which will create a healthier work environment and benefit victims receiving services.

6. How will you address those training needs? If you are unable to address those needs, please explain why.

The Victim Services Coordinators will attend the annual National Organization of Victim Assistance (NOVA) conference in August 2018. This past August, one of our Victim Services Coordinators attended the annual NOVA conference in San Diego, CA. and participated in the following classroom trainings: Care For the Caregivers - Preventing Vicarious Victimization by Bill Jenkins 8/14/17; Ethics: To Do or Not to Do--Is it a Question? By Pamela Dorsey 8/15/17; Trauma Informed Victim Services by Gena Castro Rodriguez 8/15/17; Standing Strong: A 21 Year Journey to Shattering the Silence by Ms. Angela Rose 8/16/17; Effective Communication with Your Victim by Vanessa Guyton 8/16/17; The Intersectionality of Domestic Violence and Human Trafficking: Seeing the Subliminal Signs by Najah Barton 8/16/17; Enforcement of Victim restitution 8/15/17; Vicarious Training and Resiliency 8/16/17; Motivational Interviewing for Victim advocates 8/15/17; Creating Cultures of Trauma Informed Care 8/14/17; Four Myths about Domestic Violence 8/16/17; How Prevalent is Teen Dating Violence 8/15/17; When Witness Protection is not an Option 8/14/17; Angela Rose: sexual Assault Victim 8/16/17.

Also, our Victim Services Coordinators will participate in trainings similar to what they have already participated in this past year: Preventing and Combating Intimidation in Court Webinar 1/26/17; and How Being Trauma Informed Improves Criminal Justice System Responses classroom training Feb, 2017.

Also, the Victim Services Coordinators will attend the Annual IL Prosecutor-based Victim Assistants Association Conference. The IPBVAA plays an important part in helping state's attorneys throughout Illinois to provide victims of violent crimes with the necessary resources to deal with a difficult situation.

7. Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.

The confidentiality of the office is a large factor in not having volunteers in the State's Attorney's Office. The State's Attorney's Office routinely handles sensitive information that must not be shared with anyone outside the Office, unless dissemination of such information is to persons or agencies legitimately having an interest in the information, and only then in pursuance of duties. Any computer and accompanying software, police reports, memoranda, records, case-files, investigative materials, and documents, together with verbal information, is to be used only for the business purposes for the Office of State's Attorney. The State's Attorney's Office demands a high degree of trust and that maintaining strict confidence in what occurs or is seen on the job is essential.

8. Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent** |
|---------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| <i>Example: Volunteer Coordinator</i> | .50 | 100 | .5 |
| <i>Example: Advocate</i> | .75 | 50 | .375 |
| Victim Services Coordinator #1 | 1.0 | 100 | 1.0 |
| Victim Services Coordinator #2 | 1.0 | 100 | 1.0 |
| | | | |
| TOTAL | 2.0 | 100% | 2.0 |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted if application is funded.

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|---|-----------------------------------|------------------|
| <i>Example: Hire Staff</i> | <i>Program Administrator</i> | <i>Month One</i> |
| <i>Example: Train Staff</i> | <i>Training Coordinator</i> | <i>Month One</i> |
| Mail letter of introduction of the “Victim Services Program” to each victim along with an Information Sheet | Coordinators | Daily |
| Coordinate/provide direct services to crime victims: Maintain contact with victims through the sentencing proceedings; provide court orientation and escort; send | Coordinators | Daily |

| | | |
|---|----------------|-----------------------------------|
| notifications (case appearance, status, disposition, defendant release from correctional facility) | | |
| Assist victims with temporary orders of protections, impact statements, restitution, transportation, child care, financial assistance, referrals | Coordinators | Daily |
| Attend at least one training conference (ex: National Organization of Victim Assistance and/or Annual IL Prosecutor-based Victim Assistants Association Conference) | Coordinators | Annually |
| Participate in classroom and/or online specialized trainings for trauma-informed practices | Coordinators | Quarterly |
| Create a trauma-informed care practice | Coordinators | Month One |
| Submit quarterly data report to the Authority | Office Manager | 15 th of every quarter |
| Submit quarterly fiscal reports to the Authority | Office Manager | 15 th of every quarter |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

Tracks I and II Goals, Objectives, and Performance Measures:

| | |
|--|---|
| Goal: To provide advocacy services to victims of crime. | |
| Objective | Performance Measure |
| <i>SCREENING</i> | |
| # <u>3750</u> victims screened for eligibility by your agency. | # of victims screened for eligibility by your agency. |

| | |
|---|---|
| # <u>3750</u> clients will be provided services by your agency. | # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred. # of clients provided services by your agency. |
| <i>INFORMATION & REFERRAL</i> | |
| # <u>3750</u> clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. |
| # <u>3750</u> clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. |
| # <u>400</u> clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred. # of times staff provided referrals to other victim service providers. |
| # <u>400</u> clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # <u>400</u> clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, supports, and resources. |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| # <u>100</u> clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| # <u>50</u> clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| # <u>250</u> clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |

| | |
|--|---|
| # <u>10</u> clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance. |
| # <u>20</u> clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| # <u>25</u> clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| # <u>10</u> clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # <u>5</u> clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # <u>5</u> clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| # <u>3750</u> clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| <i>SHELTER/HOUSING SERVICES</i> | |
| # <u>25</u> clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |

| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
|--|--|
| # <u>3750</u> clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | # of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events. |
| # <u>25</u> clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # <u>1000</u> clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| # <u>0</u> clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |
| # <u>750</u> clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. |
| <i>REQUIRED TRAININGS</i> | |
| # <u>2</u> staff will receive training on trauma | # of staff trained # of trainings on trauma held |

Additional Track II Goals, Objectives, and Performance Measures:

| <i>REQUIRED TRAININGS</i> | |
|--|---|
| # N/A of individuals interviewed to become a CASA volunteer. | # of individuals interviewed to become a CASA volunteer. # of individuals offered a volunteer CASA position. |
| # N/A of volunteer trainings to be held. | # of volunteer trainings held. # of volunteers trained. |
| # N/A of current CASA volunteers. | # of current CASA volunteers. |
| # N/A of cases to be reviewed and assigned to advocates. | # of cases reviewed and assigned to advocates. # of clients served by advocates. # of supervision meetings held with advocates. |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

- 1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

- 2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

- 2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

- 4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
- Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 - Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is _____%

- 5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|---------|
| Period Covered by the NICRA: | _____ |
| Approving Fed/State Agency (please specify): | _____ |
| The Indirect Cost Rate is: | _____ % |
| The Distribution Base is: | _____ |

| | | | |
|--|--|---|--|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Kankakee | DUNS#: 075621631 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: 01/01/2018 - 12/31/2018 |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

| | | |
|--|--|---|
| Implementing Agency | | Program Agency |
| County of Kankakee | County of Kankakee | Kankakee County State's Attorney's Office |
| Name of Applicant Institution/Organization | Name of Applicant Institution/Organization | Institution/Organization |
| Signature | Signature | Signature |
| Nick Africano | Andrew Wheeler | James Rowe |
| Name of Official | Name of Official | Name of Official |
| Kankakee County Treasurer | County Board Chairman | State's Attorney |
| Title | Title | Title |
| Chief Financial Officer (or equivalent) | Executive Director (or equivalent) | Executive Director (or equivalent) |
| Date of Signature | Date of Signature | Date of Signature |

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | | |
|--|---|----------------|--|---------------|--|
| Grantee (or Subgrantee) DUNS: | 75621631 | | | | |
| Grantee (or Subgrantee) Name: | Kankakee, County of | | | | |
| Grantee (or Subgrantee) DBA: | Kankakee County State's Attorney's Office | | | | |
| Grantee (or Subgrantee) Address: | 450 E Court St | | | | |
| City: | Kankakee | State: | IL | Zip+4: | 60901 Congressional District: 2 |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | | |
| City: | | State: | | Zip+4: | |
| Grant #: | Award Amount: \$ | | Project Period: 01/01/2018 - 12/31/2018 | | |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | | |
| CSFA Short Description: VOCA FFY16 | | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | | |
| No <input type="checkbox"/> If no, you are not required to provide data. | | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | | |
| Yes <input type="checkbox"/> If yes, you are not required to provide data. | | | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | | |
| Please provide names and total compensation of the top five officials: | | | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |

Section C - Budget Worksheet & Narrative

1). Personnel (Salaries & Wages) (2 CFR 200.430) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Name | Position | Computation | | | | Federal/State Amount | Match | Total Cost |
|------------------------|------------------------------------|----------------|---------------------|-----------|------------------------------|----------------------|-------------|---------------------|
| | | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Quantity (based on Yr/Mo/Hr) | | | |
| <i>Brown, Michelle</i> | <i>Victim Services Coordinator</i> | \$ 37,633 | Annual | 100.00% | | \$ 37,633 | | \$ 37,633 |
| <i>Stewart, Carrie</i> | <i>Victim Services Coordinator</i> | \$ 36,367 | Annual | 100.00% | | \$ 36,367 | | \$ 36,367 |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| Total | | | | | | \$ 74,000.00 | \$ - | \$ 74,000.00 |

Personnel Narrative:

- Two Victim Services Coordinators FTE positions at 100%. The Victim Services Coordinators provide the following direct client services to victims: follow up contact, information and referral (in-person & telephone contacts), criminal justice support, personal advocacy, and assistance in filing compensation claims.
- Michelle Brown: \$37,633 annually divided 26 pay periods = \$1,447.42 divided by 70 hours = \$20.67 hour (FEDERAL)
- Carrie Stewart: \$36,367 annually divided by 26 pay periods = \$1,398.73 divided by 70 hours = \$19.98 (FEDERAL)
- TOTAL PERSONNEL \$74,000

Section C - Budget Worksheet & Narrative

3). Travel (2 CFR 200.474)-- Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. **NOTE:** Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the contractual category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

Column G ("Basis") defines the quantity being measured. For example, if your expense is two nights in a hotel, the basis is "Nights." If the expense is 300 miles, the basis is "Miles."

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Purpose of Travel (brief description) | Location | Computation | | | | | | Federal/State Amount | Match | Total Cost |
|---|-----------------|-----------------|-----------|----------|-------|---------|------------|-------------------------|-------------|-----------------|
| | | Items | Cost Rate | Quantity | Basis | # Staff | # of Trips | | | |
| NOVA's Annual 2018 Conference | TBA | Registration | \$ 450.00 | 1 | | 2 | 1 | \$ 900 | | \$ 900 |
| NOVA's Annual 2018 Conference | TBA | Airfare | \$ 375.00 | 1 | | 2 | 1 | \$ 750 | | \$ 750 |
| NOVA's Annual 2018 Conference | TBA | Per Diem | \$ 32.00 | 5.5 | | 2 | 1 | \$ 352 | | \$ 352 |
| NOVA's Annual 2018 Conference | TBA | Lodging | \$ 167.93 | 5 | | 2 | 1 | \$ 1,679 | | \$ 1,679 |
| NOVA's Annual 2018 Conference | TBA | Airport parking | \$ 17.00 | 5 | | 2 | 1 | \$ 170 | | \$ 170 |
| NOVA's Annual 2018 Conference | TBA | mileage | \$ 0.535 | 74 | | 2 | 1 | \$ 79 | | \$ 79 |
| Illinois Prosecutor-based Victim Assistants Association Annual Conference | TBA | Registration | \$ 35.00 | 1 | | 2 | 1 | \$ 70 | | \$ 70 |
| Illinois Prosecutor-based Victim Assistants Association Annual Conference | TBA | Lodging | \$ 119.00 | 2 | | 2 | 1 | \$ 476 | | \$ 476 |
| Illinois Prosecutor-based Victim Assistants Association Annual Conference | TBA | Per Diem | \$ 51.00 | 2 | | 2 | 1 | \$ 204 | | \$ 204 |
| Illinois Prosecutor-based Victim Assistants Association Annual Conference | TBA | Mileage | \$ 0.535 | 94.6 | | 2 | 1 | \$ 101 | | \$ 101 |
| Attorney General's Office's Victim Academy | Bloomington, IL | Registration | \$ 400.00 | 1 | | 2 | 1 | \$ 800 | | \$ 800 |
| Attorney General's Office's Victim Academy | Bloomington, IL | Mileage | \$0.535 | 87.6 | | 2 | 1 | \$ 94 | | \$ 94 |
| Total | | | | | | | | \$ 5,675 | \$ - | \$ 5,675 |

Travel Narrative:

- **NOVA'S Annual North American Victim Assistance Conference August 2018, Location TBA** Estimated based on NOVA's 2017 Costs:
- Registration \$450 x 2 = \$900
- Airfare roundtrip \$375 x 2 = \$750
- Per Diem @ \$32 x 5.5 days = \$176 x 2 people = \$352
- Lodging @ \$149 + 12.7 % tax = \$167.93 x 5 nights= \$839.65 x 2 = \$1,679.30
- Airport parking @ \$17 x 5 nights = \$85 x 2 = \$170

- Mileage to airport @ $\$.535 \times 74 = \$39.59 \times 2 = \$79.18$
- **Illinois Prosecutor-based Victim Assistants Association Annual Conference TBA** Estimated based on IPBVAA 's 2017 Costs:
 - Registrations @ $\$35 \times 2 = \70
 - Lodging @ $\$119 \times 2 = \476
 - Per Diem x $\$51 = \$101 \times 2 = \$204$
 - Mileage @ $\$.535 \times 94.6 = \$50.61 \times 2 = \$101.22$
- **Attorney General's Office's Victim Academy, Bloomington, IL TBA**
 - Registration $\$400 \times 2 = \800
 - Lodging is included in registration cost
 - Mileage @ $\$.535 \times 87.6 = \$46.86 \times 2 = \$93.72$
- Education and training is the key to being an efficient victim services coordinator. The victim is the main priority and it is in his/her best interest to have a victim service coordinator(s) who continues to enhance his/her skills and knowledge including trauma-informed practices. **Grantee will send the itinerary to ICJIA, prior to the conference for approval.
- TOTAL TRAVEL \$5,675

Section C - Budget Worksheet & Narrative

6. Contractual Services (2 CFR 200.318) & Subawards (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88). **However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information.** This budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | | | Federal/State Amount | Match | Total Cost |
|--------------|----------------|-------|----------------|---|----------------------|-------|------------|
| | Cost per Basis | Basis | Length of Time | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| | | | | | | | \$ - |
| Total | | | | | \$ - | \$ - | \$ - |

Contractual Narrative:

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| | | | | | \$ - |

Indirect Cost Narrative:

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Institution/Organization

Signature

Signature

Name of Official

Name of Official

Title
Chief Financial Officer (or equivalent)

Title
Executive Director (or equivalent)

Date of Signature

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|--------------------------------|-----------------------------|---------------------|----------------------|
| 1. Personnel | \$ 74,000.00 | \$ - | \$ 74,000.00 |
| 2. Fringe Benefits | \$ 9,553.00 | \$ 22,950.00 | \$ 32,503.00 |
| 3. Travel | \$ 5,675.00 | \$ - | \$ 5,675.00 |
| 4. Equipment | \$ - | \$ - | \$ - |
| 5. Supplies | \$ 2,570.00 | \$ - | \$ 2,570.00 |
| 6. Contractual Services | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. Indirect Costs | \$ - | \$ - | \$ - |
| TOTAL PROJECT COSTS | \$ 91,798.00 | \$ 22,950.00 | \$ 114,748.00 |

| | | | | | |
|---|--|---|--|---|--|
| ICJIA Agency Approval | | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Kankakee | | DUNS#: 075621631 | | NOFO ID: 1474-361 | |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | Grant #: | |
| | | | | State Fiscal Year(s): 18-19 | |
| | | | | Project Period: 01/01/2018 - 12/31/2018 | |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.
4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.
5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.
- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|--|---|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|---|--|
| 22. | Legal Name | (Name used for DUNS registration and grantee pre-qualification.) LAKE, COUNTY OF |
| 23. | Common Name (DBA) | Lake County |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 36-6006600 |
| 25. | Organizational DUNS number | 074591652 |
| 26. | SAM expiration date | 04/06/2018 |
| 27. | SAM Cage Code | 4DC33 |
| 28. | Business Address | Street address: 18 N. County St. City: Waukegan State: IL County: Lake Zip + 4: 60085-5363 |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|-------------------------|----------------------------------|
| 29. | First Name | Amy |
| 30. | Last Name | McEwan |
| 31. | Suffix | Ms. |
| 32. | Title | Deputy Lake County Administrator |
| 33. | Telephone Number | 847-377-2250 |
| 34. | Fax Number | 847-360-1538 |
| 35. | Email address | AMcEwan@lakecountyil.gov |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|-------------------------|--|
| 36. | First Name | Gary |
| 37. | Last Name | Gordon |
| 38. | Suffix | Mr. |
| 39. | Title | Director – Finance and Administrative Services |
| 40. | Telephone Number | 847-377-2929 |
| 41. | Fax Number | 847-360-6592 |
| 42. | Email address | GGordon@lakecountyil.gov |

Program Agency Information (If different from Implementing Agency)**

| | | |
|-----|-----------------------------------|---|
| 43. | Legal Name | (Name used for DUNS registration.) LAKE COUNTY STATE ATTY OF |
| 44. | Organizational DUNS number | 932384696 |
| 45. | SAM expiration date | 02/22/2018 |
| 46. | SAM Cage Code | 5BTB9 |
| 47. | Business Address | Street address: 18 N. County St., 3 rd Floor City: Waukegan State: IL County: Lake Zip + 4: 60085-4304 |

| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
|--|---|--|
| 48. | First Name | Janna |
| 49. | Last Name | Philipp |
| 50. | Suffix | Ms. |
| 51. | Title | Administrative Specialist – Grants & Finance |
| 52. | Telephone Number | 847-377-3040 |
| 53. | Fax Number | 847-360-1538 |
| 54. | Email address | jphilipp@lakecountyil.gov |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | (If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.) Lake County |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 10 State Senate District: 30 State Representative District: 60 |
| 57. | Primary Area of Performance | (This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.) Waukegan, IL 60085-4304 |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 10 State Senate District: 30 State Representative District: 60 |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | (Text only for the title of the applicant's project.) Victim of Crime Act: Law Enforcement/Prosecution/County-CASA Victim Assistance Program |
| 60. | Proposed Project Term | Start Date: 01/01/2018 End Date: 12/31/2018 |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$ 153,930 <input type="checkbox"/> Budgeted Amount: \$ 192,414 <input type="checkbox"/> Match: \$ 38,483 <input type="checkbox"/> Overmatch: \$1 <input type="checkbox"/> Program Income: \$ <div style="text-align: right;">Total Amount : \$ 192,414</div> Indirect cost rate: _____% |
| Applicant Certification: By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001) (*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. <div style="text-align: center;"><input checked="" type="checkbox"/> I agree</div> | | |

| | | |
|--|--|------------------------------|
| Implementing Agency Authorized Official (Director, President, Chair, or similar position) | | |
| 62. | First Name | Aaron |
| 63. | Last Name | Lawlor |
| 64. | Title | Lake County Board Chairman |
| 65. | Telephone Number | 847-377-2300 |
| 66. | Fax Number | 847-360-7322 |
| 67. | Email address | alawlor@lakecountyiil.gov |
| 68. | Signature of Authorized Representative | [Redacted Signature] |
| 69. | Date Signed | 10/10/17 |
| Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.) | | |
| 70. | First Name | Davjd |
| 71. | Last Name | Stolman |
| 72. | Title | Lake County Treasurer |
| 73. | Telephone Number | 847-377-2300 |
| 74. | Fax Number | 847-625-7409 |
| 75. | Email address | dstolman@lakecountyiil.gov |
| 76. | Signature of Authorized Representative | [Redacted Signature] |
| 77. | Date Signed | 10/10/2017 |
| Program Agency Authorized Official | | |
| 78. | First Name | Michael |
| 79. | Last Name | Nerheim |
| 80. | Title | Lake County State's Attorney |
| 81. | Telephone Number | 847-377-3000 |
| 82. | Fax Number | 847-360-1538 |
| 83. | Email address | mnerheim@lakecountyiil.gov |
| 84. | Signature of Authorized Representative | [Redacted Signature] |
| 85. | Date Signed | 10/13/17 |

** ICJIA specific modification to GATA form

PROGRAM NARRATIVE
(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font and **double-spaced** with 1 inch margins and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- County state's attorney
- County sheriff's department
- Local police department
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

*Victim services agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Offer new types of services.

- Serve additional victim populations.
- ✓ Continue existing services to crime victims.*

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

The Lake County State's Attorney's Office coordinates services with many victim services agencies throughout Lake County. Specific to this application, grant funded Victim Witness Coordinators collaborate frequently with the Zacharias Sexual Abuse Center and A Safe Place.

The Sexual Assault (SA) Victim Witness Coordinator and the Zacharias Sexual Abuse Center work closely together to ensure that services for victims are coordinated and not duplicated between the two agencies. A Release of Information form was developed for the SA Coordinator to work with the Zacharias advocate on the progress of the criminal case. When the Zacharias Center understands how the case is being handled, they are in a better position to counsel the victim towards a resolution and are better equipped to help them in the healing process. The Zacharias Center services include a Support Center Line, Medical Advocacy at the Hospitals, and Counseling. The Sexual Assault Coordinator's role is to make initial contact and to guide and support the victim through the process. Both of these roles are essential for the

victim. Each provides a unique role on guiding them through the often-complicated court process and providing them with ongoing support.

The Domestic Violence (DV) Victim Witness Coordinator works in collaboration with A Safe Place, a crisis center that provides shelter, court advocacy, referrals and counseling for victims of domestic violence. Together, our office and this center have dedicated our energies to eliminating domestic violence in Lake County, Illinois. We work closely with the Order of Protection Coordinators to continue to build the bridge between our office and the Order of Protection room (D-100), ran by A Safe Place. The goal is to build the relationship with the victim at the onset of his/her encounter with the court system and to have consistency with the criminal process. We have a current MOU with A Safe Place to better address any issues that may arise. This allows us to keep the door open of communication and learn from one another as to where we can improve in serving victims.

Letters of Support from the Zacharias Center and A Safe Place are enclosed as part of this application.

A. Statement of Problem

- 1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.**

| <u>Lake County, IL</u> | <u>2013</u> | <u>2014</u> | <u>2015</u> |
|---|-------------|-------------|-------------|
| Domestic Related Offenses | 1,637 | 1,441 | 1,554 |
| Orders of Protection | 1,972 | 1,887 | 2,264 |
| Aggravated Battery/Assault | 546 | 603 | 598 |
| Sexual Assault(listed as forcible rape) | 148 | 151 | 155 |

(Data obtained from the Illinois State Police Uniform Crime Reports and ICJIA data sets.)

Lake County is located in the northeast corner of Illinois, halfway between Chicago and Milwaukee. It is the third largest county in Illinois, with 703,462 residents. The Lake County State's Attorney's Office (LCSAO) is dedicated to seeking justice with integrity by vigorously and ethically prosecuting criminal acts, with empathy and compassion for the victims of crime. In its effort to better assist victims and in recognizing a need for the enforcement of the Victim's Bill of Rights, the LCSAO established a Victim Witness Unit to provide advocacy to victims of violent crimes.

The LCSAO policy, as outlined in the Lake County Domestic Violence Manual, is that all domestic violence (DV) cases are screened for charges at arrest by the on-call Felony Review Assistant State's Attorney. DV cases are charged based on evidence and not on the victims' willingness to prosecute. With such a policy, the DV courtroom is one of the busiest in the courthouse. To address the volumes of domestic violence cases and the victims' needs in each case, the 19th Judicial Circuit Court established a dedicated misdemeanor domestic violence courtroom in the early 1990s to focus specifically on the complicated nature of this crime. Assistant State's Attorneys, Coordinators, Judges and advocates who all have an understanding of and sensitivity to domestic violence are assigned to this courtroom. Annually, we have approximately 1,500 cases go through the Domestic Violence courtroom, which averages to about 125 cases a month. We are requesting funding to retain a full-time Misdemeanor

Domestic Violence Victim Witness Coordinator. In 2016, the DV Victim Witness Coordinator assisted 1,122 victims of domestic violence.

Additional LCSAO policy, as outlined in the Lake County Sexual Assault Protocol, requires all sexual assault (SA) cases, regardless of whether Misdemeanor or Felony, to be called into the Felony Review Division of the LCSAO. The protocol stresses the importance of the specialized Principal Sexual Assault Victim Witness Coordinator when working with the victim. We are requesting funding for a full-time Sexual Assault Victim Witness Coordinator to serve the currently underserved population of adult sexual assault victims in addition to all the misdemeanor cases that are sexually violent in nature. Last year, the SA Victim Witness Coordinator assisted 115 new victims of Sexual Assault.

2. Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.

The LCSAO takes an active role in assessing the needs of the community as a whole, and of crime victims. The office understands that the cornerstone of crime prevention is public education, and that partnership-building is the foundation for meeting the community's needs. Through collaborative efforts, we are better equipped to assist victims of crime. Two key strengths within the community include the Sexual Assault Coordinating Council and the Domestic Violence Coordinating Council.

The Lake County Sexual Assault (SA) Coordinating Council was established at the request of the State's Attorney, in conjunction with the Zacharias Center, the Lake County Chiefs of Police Association, the Regional Superintendent of Schools and the Chief Judge, to present a unified, coordinated effort in dealing with sexual assault and abuse. The SA Council has

developed protocol for the special handling of criminal sexual assault and abuse cases for both adults and children. The SA Victim Witness Coordinator role is an essential element of the SA protocol in ensuring the SA victim needs are met.

The Lake County Domestic Violence (DV) Council was established as a countywide network of social service programs, law enforcement, criminal justice agencies and other organizations, which share the common goal of ending domestic violence in Lake County. The DV Council's purpose is to effectuate coordination between agencies, departments, and the courts regarding issues of domestic violence by prompting effective prevention, intervention and treatment techniques; improving response to domestic violence and abuse to reduce incidents; and promoting effective community awareness of education programs. The DV Victim Witness Coordinator plays an important role alongside the DV Council in ensuring DV victim needs are met.

An ongoing challenge is that there continues to be very few trained Sexual Assault Nurse Examiners (SANE). Some hospitals do not have any SANE nurses and others only have a handful. It is important that victims are examined by nurses that have been specifically trained to collect forensic evidence so that the sexual assault kits are completed properly. The Lake County Sexual Assault Council Medical/SANE committee has been a leader in the development of protocols and the number of SANE nurses for a county our size for the past few years. However, sustainability of the programs requires a financial obligation from the hospitals that isn't there. Although the SANE training is offered at no charge to the nurses, and there are several who want the training, hospitals do not offer the support needed for them to complete the training. Often, the nurses have to provide their own transportation and lodging, and they have to do it on their own time. This can become a costly training for the nurses, which is the reason why the SANE

nurse count in Lake County is low. The SA Coordinator has worked with victims who have had to have kits done by nurses who were not SANE's. The length of time increases because they are not familiar with the kit which is very involved with numerous pieces of evidence collection. This makes the situation even more uncomfortable for the victim.

An additional ongoing challenge is breaking the cycle of abuse with DV victims. DV victims often want help initially, but it is not uncommon for them to get swept back into the relationship again. They decide they don't want to be a part of the process anymore, as they don't want the offender to get in trouble. The DV coordinator continues to work with victims, knowing that their view may change at any time, depending on the defendant's actions toward the victims. Educating victims is key to understanding how to break the cycle of abuse. Sometimes it may take several instances before a victim comes to the realization that they do want to break the cycle and get the help needed. The LCSAO developed an informative brochure that includes the IL Victim's Bill of Rights, information on domestic violence, sexual violence, teen dating violence and elder abuse. It explains the investigation process and law enforcement responsibilities, includes Frequently Asked Questions, outlines what to expect while working with our office and it also provides additional resources to the victims.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

- 1. Please provide a *brief* description of your entire organization, including unit descriptions and staffing.**

The Lake County State's Attorney's Office has the executive and statutory responsibility for prosecuting violations of the criminal laws of the State of Illinois, as well as many other regulatory laws of the State and County. The State's Attorney's Office provides legal advice, defense for court actions, filing and presentation of cases brought by or against Lake County. The office has four main divisions: Executive, Criminal, Civil and Administrative Services.

Mission Statement of the Lake County State's Attorney's Office: We are dedicated to seeking justice with integrity by vigorously and ethically prosecuting criminal acts, with empathy and compassion for the victims of crime and unwavering respect for the rights of the accused; protecting the people of Lake County by working with our criminal justice partners to make our communities safe; and providing exceptional and professional legal representation to Lake County and its elected and appointed officials, thereby promoting responsible and trustworthy government.

2. What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.

The Lake County State's Attorney's Office Victim Witness Coordinators specialize in advocating for victims in many different fields of violence. Specifically, we have Coordinators who specialize in domestic violence, sexual assault, elder abuse, child abuse/neglect, teen dating violence, mental health, and child sexual abuse.

The Lake County State's Attorney's Office is structured with specialized units for various types of crime. The Units that interact the most with the VOCA funded Victim Witness Coordinator positions are the Specialized Victims and Investigations Unit, Domestic Violence Division, Cyber/White Collar Division, Children's Advocacy Center and the General Felony and Misdemeanor Divisions.

The Domestic Violence and Sexual Assault Coordinator synchronize services to ensure the victim is receiving the best and most applicable services when the case involves both domestic violence and a sexual assault component. The Children’s Advocacy Center is another Division that the Coordinators work with regularly to create consistent policy on the handling of sexual assault and domestic violence cases when the victim is a child. Coordination between these divisions is essential in the everyday programming of these cases. Regular staff meetings are held to make sure that the coordination is effective and that all staff members are educated on the Specialized Victims and Investigations Unit.

The Coordinators also synchronize services with several outside agencies, A Safe Place crisis center, Zacharias Sexual Abuse Center, treatment providers that specialize in domestic violence and sexual assault, as well as numerous police municipalities. The Victim Witness Coordinators solidify a prosecutorial team that includes Assistant State's Attorneys and Investigators.

3. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

| Type of staff | Number of staff |
|--|-----------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 13 |
| Number of managerial staff | 5 |
| Number of administrative support staff | 2 |

4. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.

Lake County.

C. Agency Capacity and Experience

- 1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.**

Since the 1970's, the Lake County State's Attorney's Office (LCSAO) has provided advocacy for victims of violent crimes. The LCSAO recognized a need for the enforcement of the Victim's Bill of Rights and created a Victim Witness Unit, whose goal was to share all pertinent resources and information with crime victims. The role has been modified over the years to work with the victim within the system, provide support and ongoing assistance, and also actively engage the community through education and awareness. The Unit consists of 13 trained, experienced Victim Witness Coordinators, each specializing in different victimization types and each being assigned to specific divisions including Sexual Assault, Misdemeanor, Domestic Violence, Juvenile, Children's Advocacy Center, Felony, Felony Traffic, and Felony Review. The LCSAO policy requires all cases aside from general misdemeanor cases to be screened, which creates an extensive caseload for Victim Witness Coordinators. The role of the Victim Witness Coordinator is to serve as a contact person for the victim and/or witness throughout the criminal justice process by making sure that the criminal court procedures are understood and by specifically addressing the needs of the victims they are assisting. The LCSAO has created several policy and procedure guidelines for specific types of cases that need to be followed as these cases are being prosecuted. Aside from State law, these policies provide the assurance that cases, such as Sexual Assault and Domestic Violence, are being handled with

the victim's safety in mind. The Victim Coordinators help facilitate an often-challenging and confusing system by providing support, guidance and knowledge. Additional services provided by both the Sexual Assault the Domestic Violence Victim Witness Coordinators include referring victims to applicable social service agencies, notifying victims of case status by letter or in-person, providing support in the courtroom, contacting victims to explain various court procedures, providing information on victim compensation, mailing victim program brochures, networking with social service agencies and law enforcement on the victims' behalf and providing ongoing support to crime victims.

In 2016, the SA Coordinator assisted 115 victims of sexual assault. An individual case history illustrating SA victim assistance is as follows. The case involved a twenty-two year old who was sexually assaulted by her former boyfriend/father of her children. The victim has her own history of child sexual abuse (and has previously worked with the same Sexual Assault Victim Witness Coordinator). The SA coordinator was able to provide trauma-informed crisis intervention and help the victim process not only her new victimization but also emotions connected to her childhood abuse that was triggered by the new offense. The victim resided in public housing and the crime occurred at her home. After the crime, her landlord refused her admittance to her residence and requested that she find a new place to live. The Sexual Assault Victim Witness Coordinator helped link her with emergency housing assistance. Finally, since the crime included harassing text messages, the victim's phone was taken by the police and placed in evidence. The coordinator was able to obtain a HopeLine phone for the victim. The HopeLine phone program is through Verizon and provides phones to victims of domestic violence by giving them a means to communicate with friends, family, employers, shelter support staff, and the SA Coordinator.

In 2016, the DV Coordinator assisted 1,122 victims of domestic violence. An individual case history illustrating DV victim assistance is as follows. It involved an elderly female victim who was also an alcoholic. The victim's neighbors heard a lot of yelling and called the police. The offender was her son who had come home to help care for her. As is all too often the case, the victim took all the responsibility on herself. She said she deserved it, because she was being difficult and hard to get along with. She went on to say her injury was from a fall she took while drunk, although in the initial police report she had said the defendant pushed her. The police officer's body camera footage showed that the offender initially admitted how frustrated he was and stated, "Who knows what happened, maybe I pushed her, maybe she fell." Aside from the crime itself, it was truly heartbreaking to see how this woman lived. Her sole support and companion, her son, who at the minimum showed her no respect and was quite obviously disgusted by her. Or, quite possibly committed a domestic battery to his elderly mother. The DV Coordinator spent many hours by phone and in person with the victim, as well as with outside agencies on behalf of her. Catholic Charities was called, and they also made many attempts to help her. The victim stopped coming to the court dates, and would call to say she had no one else to care for her, and that she wanted her son home and would never testify against him. Proceeding with criminal charges was not possible because they would not hold up, nor could she, in a trial. However, the VOCA funded Coordinator, with the help of several outside agencies, was still able to provide a suitable remedy for the victim and a better solution for the entire family that involved counseling.

- 2. If your agency not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This**

explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.

N/A

- 3. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.**

The Lake County State’s Attorney’s Office has managed various grants since the 1980’s and has a dedicated position that handles grant coordination. The Administrative Specialist-Grants & Finance position is responsible for submitting grant applications and grant reports, monitoring grant expenditures and receivables, and is the liaison between grant agencies and the office.

All reports are prepared by the Administrative Specialist and reviewed by the Chief Deputy of Administrative Services for approval, prior to submitting to grant agencies. Each grant program is presented before the Lake County Board for approval. Grant program funds and expenditures are identified by a specific account or fund number and recorded within the general accounting records for Lake County.

Current victim service funding includes:

| | |
|--|------------|
| Other Federal funds - 1 grant through CACI | \$ 224,706 |
| VOCA funds – 2 grants though ICJIA | \$ 153,350 |
| State – 1 grant through AG’s Office | \$ 31,000 |
| Local | \$ 672,624 |
| Other | \$ |

- 4. If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.**

Both the DV and SA Victim Witness Coordinator positions were created with grant program funding and have been sustained with VOCA grant funding. The DV Coordinator position is currently assigned 100% time to the VOCA grant program, of which is comprised of 80% VOCA funds and 20% match funding. The SA Coordinator position is assigned 85% time to the VOCA grant program, which is also comprised of 80% VOCA funds and 20% match funding. The overmatch for the SA Coordinator position is provided through the Lake County State's Attorney budget. The Lake County Government's current practice of reducing Department budgets means that with any new reduction in grant funding, the Lake County State's Attorney's Office has to examine its position inventory, cut the reduced amount from its budget, and present a status-quo budget to the Lake County Administration and Governing Board. The Lake County Budget Policy is clear; if program funding from federal grants is reduced or eliminated, commensurate expense reductions must be made, where necessary the program will be eliminated. Lake County will not absorb any positions previously funded by grants. Without VOCA funding, the Victim Witness Coordinator positions assigned to the grant would be lost, and the program would not be possible.

- 5. Describe how your agency will financially sustain the program at the end of the three-year funding period.**

The State's Attorney's Office continues to search for additional grant funding to support the operation of the Prosecutor - Based Victim Assistance program.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state's attorney's offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:

a) How victims will be screened for eligibility,

All victims are eligible.

b) How referrals will be made for services,

Referrals to outside agencies will be on a case by case basis, depending on the victim's need. Through the SA Coordinating Council and the DV Council, the Victim Witness Coordinators keep up-to-date information about agencies and services available for victims.

c) How services will be available for all victims of crime,

Every victim is contacted and eligible for assistance by our office, regardless of their participation in the criminal justice process.

d) Location of victim service staff within law enforcement agency or state's attorney's office, and

Both the SA and DV Coordinator work in the main LCSAO location.

e) Coordination of services with other victim service staff.

Services are synchronized to ensure the victim is receiving the best and most applicable service when a case involves Sexual Assault and Domestic Violence elements and to ensure that all victims are assisted.

The DV Coordinator works primarily in the Domestic Violence Division and also supports the Felony Trial Division. The Coordinator is responsible for establishing a relationship with underserved victims of domestic violence, aggravated battery and elder abuse. Initial contact is made with the victim during the screening process in our Felony Review Division. Referrals and services will be provided even when the case is not initially charged or declined. The case will be looked at in greater depth and communication will be made with law enforcement department on the status of the charges.

The Sexual Assault Coordinator is responsible for establishing a relationship with all victims of sexual assault cases, in addition to all the misdemeanor cases that are sexually violent in nature. Initial contact is made with the victim during the screening process in our Felony Review Division, whether the case is charged or not. The Coordinator follows all Failure to Register cases and the Sexually Violent Person Petitions that are sent from the Illinois Department of Corrections. In the event that a sexual assault report is declined for charges, the Coordinator works with local law enforcement to follow up on evidence collection and maintains ongoing victim contact. Also, a Civil No Contact Order is recommended to ensure the safety of the victim. Referrals and services will be provided even when the case is not initially charged, or declined. The case will be looked at in greater depth and communication will be made with law enforcement department on the status of the charges.

The Coordinators will work with the victims throughout the criminal justice process, by providing them with advocacy, support and an understanding of the criminal court process.

Coordination with outside agencies will be on-going in order to have a more coordinated response to the victim's needs.

Crisis Intervention: Refers to victim de-escalation, emotional support, and guidance provided by advocates. May occur at the scene of a crime, immediately after a crime, or be provided on an ongoing basis.

The SA Coordinator is available immediately after the crime and works with the victim until a resolution has been made and provides ongoing support. Letters are sent and phone calls are made within 24-48 hours of receiving the DV victim information. In the event that the victim is not available, a message is left that provides them with her contact information and also any pertinent case information. The DV Coordinator provides ongoing support throughout the process.

Case Management: Refers to assisting victim(s) in identifying and achieving their needs and goals, and includes at a minimum:

a) Assessment and development of a service plan to facilitate a client's progress.

This is ongoing. As the cases progress and time passes, the needs of the clients transform. The Coordinators work to continually follow up with victims to see where they are at which will change the client service plan on an individual basis.

b) Information and referral to needed services.

All victims are provided with information on service agencies and referrals are provided as needed.

c) Advocacy that includes one or more of the following: Assisting victims in securing rights and services from other agencies, writing a victim impact

statement, completing victim compensation paperwork, or obtaining criminal or civil protection orders; intervening with employers, creditors and others on behalf of a victim; assisting in filing for losses covered by public and private insurance programs; accompanying victims to the hospital, and other activities.

The Victim Witness Coordinators assist victims with securing services from other agencies, as needed. They provide information on and assist with victim compensation. They work with the victim and A Safe Place (D-100) to assist with obtaining Civil No Contact Order of Protection. They assist with intervening with Hospitals, Housing Authorities, etc. on behalf of a victim.

d) Ongoing emotional support.

Cases can take a long time and needs change as time goes on. The Victim Witness Coordinators are there to assist the victim throughout it all. They also offer support after a case has closed, as they have developed a trusting relationship with the victim. They also direct victims to professional counselors when they recognize a victim may need additional assistance and support.

- 2. Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.**

The Lake County State's Attorney's Office, through a current VOCA-funded program, has been able to enhance services to sexual assault victims through the assignment of an experienced Principal Victim Witness Coordinator to serve the currently underserved population

of adult sexual assault victims in addition to all the misdemeanor cases that are sexually violent in nature. The grant has helped retain 1 FTE Principal Sexual Assault (SA) Coordinator position, which is assigned to the grant 85% of her time. The SA Coordinator provides services to all adult victims of sexual assault, including the monitoring of every case that is screened by our Felony Review Division and makes initial contact with the victim, whether the case has been charged or not. In addition to monitoring the criminal cases, the SA Coordinator follows all Failure to Register cases and the Sexually Violent Person Petitions that are sent from the Illinois Department of Corrections. In the event that a sexual assault report is declined for charges, the SA Coordinator works with local law enforcement to follow up on evidence collection and maintains ongoing victim contact to ensure that all avenues are explored for future charges. The SA Coordinator builds a relationship with the victim while the investigation is pending, which can take several weeks to several months. A great deal of time and effort goes into making sure the prosecution has all the evidence needed to be successful in the prosecution. The delay in charging could be a result of several different variables such as Crime Lab testing, evidence collection and offender/victim statements.

For cases that are charged, the SA Coordinator guides the victim through the court process and coordinates with the Zacharias Center, the sexual assault crisis and counseling center (www.zcenter.org), to ensure victims are receiving appropriate services. The SA Coordinator works with local hospitals to ensure they are compliant with the Sexual Assault Survivors Emergency Treatment Act (SASETA) and Voucher system so victims do not get charged for exams and Sexual Assault Kits. Also, victim compensation is addressed with all sexual assault victims. When a case is not charged, or pending further investigation, the SA Coordinator works diligently to advocate on behalf of the victim and to make sure the victim is kept abreast to all

the issues surrounding their individual case. The relationships that are formed outside our office are essential for the victim. They provide continuity and security knowing many facets have the victim's best interest at heart.

The Lake County State's Attorney's Office, through a current VOCA funded program, has been able to retain 1 FTE Victim Witness Coordinator, who is assigned to the grant 100% of her time, to serve in the Domestic Violence (DV) Division, which handles all Criminal Misdemeanor and Criminal Felony domestic cases. The DV Coordinator also supports the general Felony Trial Division periodically on elder abuse, aggravated battery, and other cases as needed. Through the implementation of this program, the DV Coordinator has helped to address the rights of underserved misdemeanor domestic violence victims and victims of elder abuse and aggravated battery.

The Lake County State's Attorney's Office policy is to have all domestic violence misdemeanor cases called into our Felony Review Division. This procedure consists of a 24 hour on call Assistant State's Attorney (ASA) who, along with the police officer, reviews the facts of the case and decides on the appropriate charges. Through this process, an information sheet, called a screener, is created which gives contact information for the victim. Our policy involves a Coordinator contacting the victim within a 24-48 hour period. This policy is crucial to building trust with the victim and having the victim gain a better understanding of our role. The DV Coordinator maintains contact with the victim throughout the entire process. She informs the victim of the charging process, status of the court appearances, and possible plea dispositions. In the event of a trial or sentencing hearing, the DV Coordinator works to prepare them for testifying and victim impact statement preparation. The DV Coordinator has specific Office policy on how these cases need to be handled. The Lake County DV manual is instrumental in

providing guidelines and tools for these cases as well as stressing the importance of collaboration.

The Coordinators provide ongoing support and also information to the victims via letter, phone call or in person, including information on court proceeding definitions, referrals to social service and protective agencies, trial dates, and Victim Crime Compensation Assistance.

3. Project the number of clients to be served during the grant period. Explain and justify this projection.

Based on previous years, the projected number of new victims served for 2018 is 1,100. In addition to the new victims, the Victim Witness Coordinators assist victims of ongoing cases and provide support after case resolution.

4. Describe known barriers to victims accessing victim services and how your agency will address these.

Over the years, Lake County, IL has seen a large influx of Spanish speaking residents. At times, the language barrier can be a challenge for victims. To assist in reaching out to these victims, the LCSAO has designated a Spanish speaking Victim Witness Coordinator to assist all Spanish speaking victims. Printed materials such as letters, brochures, and the Declaration of Victims' Rights have been translated in Spanish and are distributed to those victims whose native language is Spanish. The LCSAO has a full time Spanish speaking receptionist who is able to speak with victims who call the main office phone number for assistance. Additionally, D100 (A Safe Place) typically has a Spanish speaking employee on duty that can assist, as needed.

The availability of free counseling and therapy is often a challenge. The Zacharias Sexual Abuse Center is the only local center that provides free counseling and therapy to sexual assault victims. The DV Coordinator directs victims to peer groups, as she found that to be the most

helpful for the victims she works with. It gives them an opportunity to be around others who have gone through a similar situation.

Through both the SA Coordinating Council and the DV Council, the LCSAO continues to seek ways to enhance services for victims to eliminate barriers and allow them to get help.

5. Describe how the program design will incorporate trauma-informed care, as described in *Attachment 1* of the Notice of Funding Opportunity.

Trauma informed knowledge assists the Coordinators with responding to victims and allows them to be more empathetic. Understanding that becoming a victim of crime is a traumatic experience, the Victim Witness Coordinators are sensitive in their approach to assisting them. Victim safety is a top priority. The DV and SA Coordinators work with victims to provide guidance on obtaining orders of protection through D-100 (A Safe Place). They work to build the trust of the victim by keeping them informed from the beginning and provide important resource and referral information.

6. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.

Services are available to victims, even if a case is not charged, after case resolution, and/or if they are not involving themselves with the prosecution. Contact information for our office and the Victim Witness Coordinators is provided to victims. The Victim Witness Coordinators are available for the victims at any time they need assistance, and regularly provide services to victims who are not actively involved in the criminal justice process.

7. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

The Lake County State's Attorney's Office collaborates with a number of local agencies to assist crime victims. The Lake County Sexual Assault Coordinating Council and the Lake County Domestic Violence Council, both formed under the Lake County State's Attorney's Office, are instrumental in unifying the response to and resources for victims. These councils meet regularly and developed manuals with protocol to best assist victims of sexual assault and domestic violence. Trainings have been held county-wide to familiarize law enforcement, hospitals, and local agencies on the protocol. Through these councils, the office works closely with: The Zacharias Sexual Abuse Center, the SANE/SART Task Force, D-100 (A Safe Place Organization) which assists victims in filling out the Civil No Contact Order (CNCO), the 19th Judicial Family Violence Coordinating Council, the Lake County Chiefs of Police, the Lake County Children's Advocacy Center, the Regional Office of Lake County Education, the Navy Fleet and Family services, based in Great Lakes, which coordinates with our office to provide short term counseling, referrals and advocacy for victims of domestic violence as well as other issues and Noah's Rest (Safe Pet Program) to help victims of domestic abuse safely house their pets, if needed.

The DV Victim Witness Coordinator is involved in the Lake County Domestic Violence Council, which has been in place since 1995. The goals of the Council are to promote effective prevention and intervention techniques, improve the response to domestic violence incidents, and to promote effective community awareness. With the vision to achieve our goals, committees have been formed to address the needs. The Teen Dating Violence Committee, Cindy Bischof Law Committee, Elder Abuse Committee, Firearm Committee, Noah's Rest (Safe Pet Program),

and Treatment Provider Committee have worked to create policy and procedure to work to effectively address these cases. The DV Victim Coordinator is actively involved in these committees and brings insight to the meetings as to what is currently happening within the DV Misdemeanor courtroom. The policy is discussed, and together with other members of the community and criminal justice arena, we evaluate whether or not the policy and protocol is effective. The DV Victim Coordinator collaborates with A Safe Place advocates and abuser treatment providers regularly to address the needs of victims. The Lake County Domestic Violence Manual is instrumental in accomplishing the goals the DV Council has created. Collaboration is our most effective weapon towards eliminating domestic violence.

The SA Victim Witness Coordinator is actively involved with the Lake County Sexual Assault Coordinating Council, which was established in 2009. The purpose of the Council is to promote effective prevention, intervention, and treatment techniques concerning sexual assault and sexual abuse; to develop a comprehensive, county-wide protocol for the investigation, prosecution and successful resolution of sexual assault and sexual abuse cases; to provide training for law enforcement and treatment providers and maintain best practices in their specialized field; to promote and effectuate cooperation, communication and coordination between the courts, agencies, departments and individuals handling sexual assault and sexual abuse cases; and to develop and promote effective community awareness and education about sexual assault and sexual abuse. Committees formed under the Council include the Medical /SANE Committee, Treatment Provider Committee, Higher Education Title IX committee, and the LGBTQ Committee. The SA Coordinator works with the Council and provides input to create programs and policy to improve assistance to this underserved victim population.

8. Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program. *Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.

During initial contact, the Victim Witness Coordinators inform the victim of the Victim's Compensation Program. Brochures are given in person and also mailed to those who the Coordinator has not met in person. We have Domestic Violence Program brochures that include information on Victim Crime Compensation which is available in our waiting areas and has been distributed to other agencies for distribution to provide insight on how the program works. In addition, we have signs in all of our Victim waiting areas that provide information on the Crime Victim Compensation and the Victim Bill of Rights.

E. Staffing Plan

1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.

The Victim Witness Coordinators provide information to the victims via letter, phone call or in person, including information on court proceeding definitions, referrals to social service and protective agencies, Victim Impact Statements, trial dates, and Victim Crime Compensation Assistance applications. The Coordinators maintain contact with the victim throughout the entire process. They inform of the charging process, the status of the court appearances, and the

possible plea dispositions. In the event of a trial or sentencing hearing they work to prepare the victims for testifying.

The Principal Sexual Assault (SA) Victim Witness Coordinator is a 1 FTE position assigned to the VOCA program a minimum of 85% of the time to serve in the Specialized Victims Division and also supporting the Felony Trial Division. The SA Coordinator will provide VOCA-allowable direct services as part of her assignment primarily to victims of sexual assault or sexually motivated cases. The duties of the position include (but are not limited to) making initial contact with all victims of adult sexual assault that are screened by the Lake County State's Attorney's Office Felony Review Division; ensuring individual victims' needs are met with local agencies including Zacharias Center and Lake County hospitals; the SA Coordinator will also work with victims to ensure Sexual Assault Survivors Emergency Treatment Act and voucher systems were used and Rape Kit tests were conducted; The SA Coordinator will also ensure that victims receive assistance with Sexual Assault Civil No Contact orders and will provide support in the courtroom by helping victims understand the court process. As a member of the Victim Witness Unit, the Coordinator will also provide VOCA-allowable direct services, as part of her assignment, to victims of other kinds of crime as needed to support victim's needs. The SA Coordinator reports directly to the Specialized Victims Division Chief, and her office is located in the main State's Attorney Office, where a majority of services are provided. The SA Coordinator may also meet victims outside the office, in court, or at a branch office location to provide services. This position is funded 85% through VOCA federal and match funds.

The Senior Domestic Violence(DV) Victim Witness Coordinator is a 1 FTE position assigned to the VOCA program 100% of the time to serve in the Domestic Violence Division

and also supporting the Felony Trial Division. The DV Coordinator will provide VOCA-allowable direct services as part of her assignment primarily to victims of domestic violence, aggravated battery and elder abuse. The DV Coordinator uses specific Lake County State's Attorney's Office policy and the Lake County Domestic Violence Manual as a guide on how these cases need to be handled. The Coordinator will work with the victims throughout the criminal justice process, by providing them with advocacy, support and an understanding of the criminal court process. Coordination with outside agencies will be on-going in order to have a more coordinated response to the victim's needs. As a member of the Victim Witness Unit, the Coordinator will also provide VOCA-allowable direct services, as part of her assignment, to victims of other kinds of crime as needed to support victim's needs. The DV Coordinator reports directly to the Domestic Violence Division Chief, and her office is located in the main State's Attorney Office, where a majority of services are provided. The DV Coordinator may also meet victims in court or in the Domestic Violence courtroom waiting room to provide services. This position is funded 100% through VOCA federal and match funds.

2. What are the primary qualifications of program-funded staff (education, language skills, etc.)?

The primary qualifications of program-funded staff include: advanced knowledge of the techniques of effective interviewing, counseling, crisis intervention, and case management.

In addition, the Domestic Violence Victim Witness Coordinator needs knowledge of community resources, the Lake County Domestic Violence Manual, victim service advocacy, social service agencies specifically related to domestic violence, and needs to be able to effectively communicate with people of various socioeconomic and racial backgrounds.

Also, the Sexual Assault Victim Witness Coordinator needs knowledge of community

resources, the Lake County Sexual Assault Protocol, victim service advocacy, social service agencies specifically related to sexual assault, and needs to be able to effectively communicate with people of various socioeconomic and racial backgrounds.

3. Describe how cases are coordinated and supervised within the agency.

All cases that are sexually motivated, including both felony and misdemeanor cases are assigned to the Sexual Assault (SA) Victim Witness Coordinator. The SA Coordinator position is housed within the Specialized Victims Division and the SA Coordinator is directly supervised by the Chief of that division. The Chief Deputy of the Criminal Division is the head of the Victim Witness Unit. The SA Coordinator communicates regularly with both Chiefs on case information.

All misdemeanor domestic violence cases are assigned to one of two Domestic Violence Victim Witness Coordinators. The DV Coordinators are housed within the Domestic Violence Division and are directly supervised by the Chief of that Division. The Chief Deputy of the Criminal Division is the head of the Victim Witness Unit. The DV Coordinator communicates regularly with both Chiefs on case information.

Victim Witness Coordinators provide services to victims regardless of their willingness to participate in the prosecution process and they provide support beyond case resolution.

4. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

Both the SA Coordinator and the DV Coordinator have previously attended trauma-informed training. One training recently attended by the SA Coordinator was called *Attachment*,

Regulation and Competency. Although it was geared more toward children, the information presented will assist in the response to all clients. The training materials have been forwarded to the Assistant State's Attorneys and Victim Witness Coordinators within the LCSAO for review.

The LCSAO also recently held a mandatory in-house training "Diversity, Cultural Awareness and Implicit Bias." The training offered unique views and emphasized that each person our office comes into contact with has more going on than what is seen on the surface. Keeping that information and understanding in mind while working with victims will help us continue to best serve them and the community.

Funding for a local training conference is included in this application budget. Trauma skills training will be completed by the VOCA funded staff at that training, or at a separate time.

5. What other training needs have you identified for staff funded under this program?

Identified needs include training to best serve adult survivors and human trafficking. Although not a formal in-depth training, the SA Coordinator attended Human Trafficking Training and recently was on a conference call with the state SANE Coordinator from the Attorney General's Office to discuss the new Sexual Assault Incident Procedure Act. The SA Coordinator will be a part of a new Human Trafficking task force in Lake County and additional training would provide her with additional resources and information to best serve these victims.

6. How will you address those training needs? If you are unable to address those needs, please explain why.

The Coordinators take advantage of online training webinars and any local trainings that are offered in our area for no charge that are pertinent and applicable to our office and assisting

victims. The SA Coordinator is also a Licensed Clinical Social Worker and attends continuing education to maintain her license. The Attorney General's Office came to Lake County after the Victims Bill of Rights amendment to train our Victim Witness Coordinators and judges. The Victim Witness Coordinators are also members of the Illinois Prosecutor Based Victim Assistance Association (IPBVAA), which provides an annual training.

Training is being requested as part of this application. In April of 2018, End Violence Against Women International (EVAWI) is holding their annual training conference in Chicago, IL. The 3-day conference will focus on sexual assault, intimate partner violence, stalking, human trafficking and elder abuse, among other topics. The conference will highlight promising practices and emerging issues to effectively respond to these victims in our communities. The budget includes training and travel funds for each VOCA funded Coordinator to attend.

- 7. Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.**

The LCSAO utilizes approximately 23FTE volunteers on a regular basis through volunteer and internship programs. Volunteers and interns are interviewed prior to working in the office. They are provided with a 2-day training on each of the LCSAO Divisions and given a tour of the office. Summer interns assist with filing, answering phones, research on cases, and helping with other clerical work. Volunteers assist with providing victim support in court, making calls, and providing assistance as needed.

8. Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent* |
|---------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| <i>Example: Volunteer Coordinator</i> | .50 | 100 | .5 |
| <i>Example: Advocate</i> | .75 | 50 | .375 |
| DV Victim Witness Coordinator | 1 | 100 | 1 |
| SA Victim/Witness Coordinator | 1 | 85 | .85 |
| TOTAL | 2 | 185 | 1.85 |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted if application is funded.

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|-----------------------------|-----------------------------------|------------------|
| <i>Example: Hire Staff</i> | <i>Program Administrator</i> | <i>Month One</i> |
| <i>Example: Train Staff</i> | <i>Training Coordinator</i> | <i>Month One</i> |

| | | |
|---|---|-----------------------------------|
| | | |
| If applicable, submit subcontract to Authority for review and approval | Administrative Specialist – Grants& Finance | As Needed |
| Submit quarterly data report to the Authority | Administrative Specialist – Grants& Finance | 15 th of every quarter |
| Submit quarterly fiscal reports to the Authority | Administrative Specialist – Grants& Finance | 15th of every quarter |
| Refer victims to applicable Social Service Agencies | Victim Witness Coordinators | Daily |
| Assist Victims with securing services from agencies | Victim Witness Coordinators | As Needed |
| Notify Victims of case status by letter or in-person | Victim Witness Coordinators | As Needed |
| Maintain Data Performance Measures | Victim Witness Coordinators | Daily |
| Provide support in the courtroom | Victim Witness Coordinators | As Needed |
| Provide ongoing emotional support | Victim Witness Coordinators | As Needed |
| Contact victims to explain various court procedures | Victim Witness Coordinators | Daily |
| Provide information on victim compensation | Victim Witness Coordinators | As Needed |
| Assist with victim compensation paperwork | Victim Witness Coordinators | As Needed |
| Mail victim program brochures | Victim Witness Coordinators | As Needed |
| Schedule meetings | Victim Witness Coordinators | As Needed |
| Network with Social Service Agencies, A Safe Place and law enforcement on victims' behalf | DV Victim Witness Coordinator | As Needed |
| Mail sexual assault response program brochures | SA Victim Witness Coordinator | As Needed |
| Network with Sexual Assault agencies, hospitals, and law enforcement on victims' behalf | SA Victim Witness Coordinator | As Needed |
| Attend training | Victim Witness Coordinators | 2nd Quarter |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must

identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals' services must include a provision requiring evaluation participation in each subcontract.

Tracks I and II Goals, Objectives, and Performance Measures:

| Goal: To provide advocacy services to victims of crime. | |
|---|---|
| Objective | Performance Measure |
| <i>SCREENING</i> | |
| # ____ victims screened for eligibility by your agency. N/A – All victims are eligible. # <u>1,100</u> clients will be provided services by your agency. | # of victims screened for eligibility by your agency. # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred. # of clients provided services by your agency. |
| <i>INFORMATION & REFERRAL</i> | |
| # <u>1,100</u> clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. |
| # <u>1,100</u> clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. |
| # <u>1,100</u> clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred. # of times staff provided referrals to other victim service providers. |
| # <u>100</u> clients will receive referrals to other services, supports, and resources (includes legal, | # ____ clients provided with referrals to other services, supports, and resources. |

| | |
|--|---|
| medical, faith-based organizations, etc.) | # of times staff provided referrals to other services, supports, and resources. |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| # <u>10</u> clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| # <u>100</u> clients will receive assistance filing for victim compensation. All victims are made aware of the availability of crime victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| # _____ clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |
| # _____ clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance. |
| # _____ clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| # <u>10</u> clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| # _____ clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # _____ clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # _____ clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |

| | |
|--|---|
| | # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| EMOTIONAL SUPPORT OR SAFETY SERVICES | |
| # <u>1,100</u> clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| SHELTER/HOUSING SERVICES | |
| # ___ clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE | |
| # <u>1,100</u> clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | # of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events. |
| # ___ clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # ___ clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| # ___ clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |
| # <u>1,100</u> clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. |
| REQUIRED TRAININGS | |
| # <u>2</u> staff will receive training on trauma | # of staff trained # of trainings on trauma held |

| | | | | | |
|---------------------------------------|--|--|--|--|--|
| STATE OF ILLINOIS | | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Lake County | | DUNS#: 932384696 | | NOFO ID: 1474-361 | |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 | |
| | | | | Grant #: | |
| | | | | Project Period: 01/01/2018-12/31/2018 | |

All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." **Please read all instructions before completing form.**

SECTION A -- FEDERAL/STATE OF ILLINOIS FUNDS

| Revenues | Year 1 | | | |
|---|------------|--|--|--|
| (a). State of Illinois Grant Amount Requested | \$ 153,930 | | | |

BUDGET SUMMARY - FEDERAL/STATE OF ILLINOIS FUNDS

| Budget Expenditure Categories <i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i> | Year 1 | | | |
|---|------------|--|--|--|
| 1. Personnel (Salaries & Wages) 200.430 | \$ 103,200 | | | |
| 2. Fringe Benefits 200.431 | \$ 50,730 | | | |
| 3. Travel 200.474 | \$ - | | | |
| 4. Equipment 200.439 | \$ - | | | |
| 5. Supplies 200.94 | \$ - | | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | \$ - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | \$ 153,930 | | | |
| 17. Indirect Costs* (see below) 200.414 | | | | |
| Rate: ___% Base: \$___ | \$ - | | | |
| 18. Total Costs State Grant Funds (lines 16 and 17) | \$ 153,930 | | | |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.**
- B. **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C. **Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
 Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 Complies with other statutory policies (*please specify*):

The Restricted Indirect Cost Rate is _____%

5) No reimbursement of Indirect Cost is being requested. (*Please consult your program office regarding possible match requirements*)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|---------|
| Period Covered by the NICRA: | _____ |
| Approving Fed/State Agency (please specify): | _____ |
| The Indirect Cost Rate is: | _____ % |
| The Distribution Base is: | _____ |

| | | | |
|---------------------------------------|---|---|---------------------------------------|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Lake County | DUNS#: 932384696 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: 01/01/2018-12/31/2018 |

If you are required to provide or volunteer to provide cost-sharing, matching funds, other funding or contributions to the project, these should be shown for each applicable budget category. All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." Please read all instructions before completing form.

SECTION B -- MATCH FUNDS

| Program Revenues | Year 1 | | | |
|---|------------------|--|--|--|
| Grantee Match Requirement: ___% (ICJIA to populate only if match is required) | | | | |
| (b). -Cash | \$ 38,484 | | | |
| (c). -Non-cash | | | | |
| (d). Other Funding & Contributions | | | | |
| NON-STATE Funds Total | \$ 38,484 | | | |

BUDGET SUMMARY MATCH FUNDS

| Budget Expenditure Categories <small>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</small> | Year 1 | | | |
|---|------------------|--|--|--|
| 1. Personnel (Salaries & Wages) 200.430 | \$ 25,800 | | | |
| 2. Fringe Benefits 200.431 | \$ 9,842 | | | |
| 3. Travel 200.474 | \$ 2,842 | | | |
| 4. Equipment 200.439 | \$ - | | | |
| 5. Supplies 200.94 | \$ - | | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | \$ - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | \$ 38,484 | | | |
| 17. Indirect Costs* (see below) 200.414 | | | | |
| Rate: _____ % Base: _____ | \$ - | | | |
| 18. Total Costs NON-ICJIA (Match) Funds (lines 16 and 17) | \$ 38,484 | | | |

| | | | |
|---------------------------------------|--|--|---|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Lake County | DUNS#: 932384696 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: 01/01/2018- 12/31/2018 |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

| Implementing Agency | | Program Agency |
|--|--|---------------------------------------|
| Lake County | Lake County | Lake County State's Attorney's Office |
| Name of Applicant Institution/Organization | Name of Applicant Institution/Organization | Institution/Organization |
| _____ | _____ | _____ |
| Signature | Signature | Signature |
| David B. Stolman | Aaron Lawlor | Michael G. Nerheim |
| Name of Official | Name of Official | Name of Official |
| Lake County Treasurer | Lake County Board Chairman | Lake County State's Attorney |
| Title | Title | Title |
| Chief Financial Officer (or equivalent) | Executive Director (or equivalent) | Executive Director (or equivalent) |
| _____ | _____ | _____ |
| Date of Signature | Date of Signature | Date of Signature |

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | |
|--|---------------------------------------|---------------|---------|--|
| Grantee (or Subgrantee) DUNS: | 932384696 | | | |
| Grantee (or Subgrantee) Name: | Lake County State's Attorney's Office | | | |
| Grantee (or Subgrantee) DBA: | Lake County State's Attorney's Office | | | |
| Grantee (or Subgrantee) Address: | 18 North County Street, Floor 3 | | | |
| City: | Waukegan | State: | IL | Zip+4: 60085-4304 Congressional District: 10 |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | |
| City: | Waukegan | State: | IL | Zip+4: 60085-4304 Congressional District: 10 |
| Grant #: | Award Amount: | \$ | 153,930 | Project Period: 01/01/2018-12/31/2018 |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | |
| CSFA Short Description: VOCA FFY16 | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | |
| Yes <input type="checkbox"/> If yes, you are not required to provide data. | | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | |
| Please provide names and total compensation of the top five officials: | | | | |
| Name: | | Amount: | | |

Section C - Budget Worksheet & Narrative

1). Personnel (Salaries & Wages) (2 CFR 200.430)--List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Name | Position | Computation | | | | Federal/State Amount | Match | Total Cost |
|------------------------|--|----------------|---------------------|-----------|------------------------------|----------------------|---------------------|----------------------|
| | | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Quantity (based on Yr/Mo/Hr) | | | |
| <i>Sandra Bankston</i> | <i>Principal SA Victim Witness Coordinator</i> | \$ 80,728 | Yr | 85.00% | 1.00 | \$ 54,895 | \$ 13,724 | \$ 68,619 |
| <i>Kim Clark</i> | <i>Senior DV Victim Witness Coordinator</i> | \$ 60,381 | Yr | 100.00% | 1.00 | \$ 48,305 | \$ 12,076 | \$ 60,381 |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| Total | | | | | | \$ 103,200.00 | \$ 25,800.00 | \$ 129,000.00 |

Personnel Narrative:

- The Victim Witness Coordinators provide information to the victims via letter, phone call or in person, including information on court proceeding definitions, referrals to social service and protective agencies, Victim Impact Statements, trial dates, and Victim Crime Compensation Assistance applications. The Coordinators maintain contact with the victim throughout the entire process. They inform of the charging process, the status of the court appearances, and the possible plea dispositions. In the event of a trial or sentencing hearing they work to prepare the victims for testifying.
- The Principal Sexual Assault (SA) Victim Witness Coordinator is a 1 FTE position assigned to the program a minimum of 85% of the time to serve in the Specialized Victims Division and also supporting the Felony Trial Division. The SA Coordinator will provide VOCA-allowable direct services as part of her assignment primarily to victims of sexual assault or sexually motivated cases. The duties of the position include (but are not limited to) making initial contact with all victims of adult sexual assault that are screened by the Lake County State's Attorney's Office Felony Review Division; ensuring individual victims' needs are met with local agencies including Zacharias Center and Lake County hospitals; the SA Coordinator will also work with victims to ensure Sexual Assault Survivors Emergency Treatment Act and voucher systems were used and Rape Kit tests were conducted; The SA Coordinator will also ensure that victims receive assistance with Sexual Assault Civil No Contact orders and will provide support in the courtroom by helping victims understand the court process. As a member of the Victim Witness Unit, the Coordinator will also provide VOCA-allowable direct services, as part of her assignment, to victims of other kinds of crime as needed to support victim's needs.
- The budget was calculated based on the annual salary of the SA Coordinator who fills this position during the grant year. The SA Coordinator's annual salary is calculated at \$80,728 and includes an estimated 2.5% increase/incentive for FY18. The Coordinator's salary for 85% of their time is calculated at \$68,619, of which \$54,895 is federal funds and \$13,724 is match funds.

- The Senior Domestic Violence(DV) Victim Witness Coordinator is a 1 FTE position assigned to the program 100% of the time to serve in the Domestic Violence Division and also supporting the Felony Trial Division. The DV Coordinator will provide VOCA-allowable direct services as part of her assignment primarily to victims of domestic violence, aggravated battery and elder abuse. The DV Coordinator uses specific Lake County State’s Attorney’s Office policy and the Lake County Domestic Violence Manual as a guide on how these cases need to be handled. The Coordinator will work with the victims throughout the criminal justice process, by providing them with advocacy, support and an understanding of the criminal court process. Coordination with outside agencies will be on-going in order to have a more coordinated response to the victim's needs. As a member of the Victim Witness Unit, the Coordinator will also provide VOCA-allowable direct services, as part of her assignment, to victims of other kinds of crime as needed to support victim’s needs.
- The budget was calculated based on the annual salary of the DV Coordinator who fills this position during the grant year. The DV Coordinator's annual salary is calculated at \$60,381, based on FY17 salary expenses and includes an estimated 2.5% increase/incentive for FY18. The Coordinator's salary for 100% of her time is calculated at \$60,381 of which \$48,305 is federal funds and \$12,076 is match funds.

Section C - Budget Worksheet & Narrative

5. Supplies (2 CFR 200.94) --List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Supply Items | Computation | | | Federal/State Amount | Match | Total Cost |
|--------------|-----------------------|------|---|----------------------|-------|------------|
| | Quantity/ Duration | Cost | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| <i>Total</i> | | | | \$ | - | \$ |
| | | | | | - | \$ |
| | | | | | | - |

Supplies Narrative:

- n/a

Section C - Budget Worksheet & Narrative

6. Contractual Services (2 CFR 200.318) & Subawards (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88). **However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information.** This budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | | | Federal/State Amount | Match | Total Cost | | | |
|--------------|----------------|-------|----------------|---|----------------------|-------|------------|---|----|---|
| | Cost per Basis | Basis | Length of Time | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| Total | | | | | \$ | - | \$ | - | \$ | - |

Contractual Narrative:

- n/a

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| | | | | | \$ - |

Indirect Cost Narrative:

n/a

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Institution/Organization

Signature

Signature

Name of Official

Name of Official

Title
Chief Financial Officer (or equivalent)

Title
Executive Director (or equivalent)

Date of Signature

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|--------------------------------|-----------------------------|---------------------|----------------------|
| 1. Personnel | \$ 103,200.00 | \$ 25,800.00 | \$ 129,000.00 |
| 2. Fringe Benefits | \$ 50,730.00 | \$ 9,842.00 | \$ 60,572.00 |
| 3. Travel | \$ - | \$ 2,842.00 | \$ 2,842.00 |
| 4. Equipment | \$ - | \$ - | \$ - |
| 5. Supplies | \$ - | \$ - | \$ - |
| 6. Contractual Services | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. Indirect Costs | \$ - | \$ - | \$ - |
| TOTAL PROJECT COSTS | \$ 153,930.00 | \$ 38,484.00 | \$ 192,414.00 |

| | | | | | |
|---------------------------------------|--|---|--|---|---------------------------------------|
| ICJIA Agency Approval | | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Lake County | | DUNS#: 932384696 | | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 | Project Period: 01/01/2018-12/31/2018 |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.
4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.
5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.
- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|--|---|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

| Applicant Completed Section | | |
|---|---|--|
| Implementing Agency Information** | | |
| 22. | Legal Name | (Name used for DUNS registration and grantee pre-qualification.) County of Madison |
| 23. | Common Name (DBA) | Madison County |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 37-6001410 |
| 25. | Organizational DUNS number | 040140154 |
| 26. | SAM expiration date | 2/28/2018 |
| 27. | SAM Cage Code | 38MC4 |
| 28. | Business Address | Street address: 157 N Main St. Ste 382 City: Edwardsville State: IL County: Madison Zip + 4:62025-1960 |
| Implementing Agency: Person to be contacted for Program Matters involving this application. | | |
| 29. | First Name | Jennifer |
| 30. | Last Name | Zoelzer |
| 31. | Suffix | |
| 32. | Title | Chief Deputy Auditor |
| 33. | Telephone Number | 618-692-7040 ext. 4011 |
| 34. | Fax Number | 618-655-2001 |
| 35. | Email address | jjzoelzer@co.madison.il.us |
| Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application. | | |
| 36. | First Name | Jennifer |
| 37. | Last Name | Zoelzer |
| 38. | Suffix | |
| 39. | Title | Chief Deputy Auditor |
| 40. | Telephone Number | 618-692-7040 ext. 4011 |
| 41. | Fax Number | 618-655-2001 |
| 42. | Email address | Jjzoelzer@co.madison.il.us |
| Program Agency Information (If different from Implementing Agency.)** | | |
| 43. | Legal Name | (Name used for DUNS registration.) |
| 44. | Organizational DUNS number | 040140154 |
| 45. | SAM expiration date | 2/28/2018 |
| 46. | SAM Cage Code | 38MC4 |
| 47. | Business Address | Street address: 157 N. Main St. Ste 402 City: Edwardsville State: IL County: Madison Zip + 4: 62025-1960 |

| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
|--|--|---|
| 48. | First Name | Tayleur |
| 49. | Last Name | Blaylock |
| 50. | Suffix | |
| 51. | Title | Communications and Administrative Specialist |
| 52. | Telephone Number | 618-692-6280 |
| 53. | Fax Number | 618-296-7001 |
| 54. | Email address | tablaylock@co.madison.il.us |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | (If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.) Madison County, IL |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 13 State Senate District: 56 State Representative District: 112 |
| 57. | Primary Area of Performance | (This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.) Edwardsville, IL 62025-1960 |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 13 State Senate District: 56 State Representative District: 112 |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | (Text only for the title of the applicant's project.) Madison County State's Attorney Victim Service Division |
| 60. | Proposed Project Term | Start Date: January 1, 2018 End Date: December 31, 2018 |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$47,003 <input type="checkbox"/> Budgeted Amount: \$ <input type="checkbox"/> Match: \$ 11,770 <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ <p style="text-align: right;">Total Amount : \$58,753</p> Indirect cost rate: _____% |
| Applicant Certification: By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001) (*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. | | |

I agree

Implementing Agency Authorized Official (Director, President, Chair, or similar position)

| | | |
|-----|---|--|
| 62. | First Name | Kurt |
| 63. | Last Name | Prenzler |
| 64. | Title | Madison County Board Chairman |
| 65. | Telephone Number | 618-296-4341 |
| 66. | Fax Number | |
| 67. | Email address | kprenzler@co.madison.il.us |
| 68. | Signature of Authorized Representative | |
| 69. | Date Signed | |

Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.)

| | | |
|-----|---|--|
| 70. | First Name | Chris |
| 71. | Last Name | Slusser |
| 72. | Title | Madison County Treasurer |
| 73. | Telephone Number | 618-692-6260 |
| 74. | Fax Number | 618-692-7020 |
| 75. | Email address | cjsslusser@co.madison.il.us |
| 76. | Signature of Authorized Representative | |
| 77. | Date Signed | |

Program Agency Authorized Official

| | | |
|-----|---|--|
| 78. | First Name | Thomas |
| 79. | Last Name | Gibbons |
| 80. | Title | Madison County State's Attorney |
| 81. | Telephone Number | 618-692-6280 |
| 82. | Fax Number | 618-296-7004 |
| 83. | Email address | tdgibbons@co.madison.il.us |
| 84. | Signature of Authorized Representative | |
| 85. | Date Signed | |

** ICJIA specific modification to GATA form

PROGRAM NARRATIVE

(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font and **double-spaced** with 1 inch margins and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- County state's attorney
- County sheriff's department
- Local police department
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

*Victim services agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Offer new types of services.
- Serve additional victim populations.
- Continue existing services to crime victims.*

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

The Madison County State's Attorney's Office regularly works with both law

enforcement and victim services organizations in training sessions targeting the assistance of victims of crime. The office is actively involved in the Third Judicial Circuit Family Violence Coordinating Council. The Office was instrumental in the creation of the Madison County Child Advocacy Center (CAC), which opened in January 2003, and a prosecutor from the Office is normally present at all interviews conducted at the CAC. Through regular referrals, our Victim Services staff work with various social service agencies to provide assistance to victims of crime. Likewise, local agencies often refer victims to our office. These include Oasis Women's Center, Land of Lincoln Legal Assistance, WellSpring Resources, First Call for Help, Urban League, Family Service and Visiting Nurse Association, Children's Home and Aid Society, SIUE Counseling, Chestnut Health Systems, Catholic Charities, Phoenix Crisis Center, Alliance for the Mentally Ill, St. Elizabeth's Medical Center, Parents of Murdered Children, MADD and the CAC. Letters of support from the Phoenix Crisis Center, Madison County Child Advocacy Center, and Southern Illinois Visiting Nurse Association are available for review upon request.

A. Statement of Problem

1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.

The Madison County State's Attorney's Office currently employs one full-time Victim Advocate and one part-time Victim Advocate. Felony case filings continue to increase each year, with a projected total of 3840 felony case filings in 2017 – a 41% increase over the last three years. The Victim/Witness Advocates handle all matters regarding the victims and witnesses within the State's Attorney's Office. This includes assisting the Assistant State's

Attorneys within the Felony, Misdemeanor, and Juvenile Divisions. The Victim Services staff and assigned Assistant State's Attorneys must work closely together to ensure that accurate and timely information is made available to victims.

With the current number of Victim Advocates on staff, resources for providing victim services are limited. In 2016, the Victim Advocates provided assistance to 865 victims. The addition of a victim advocate would allow Victim Services staff to make contact with a greater number of victims. Further, the addition of another victim advocate will allow staff to provide services better tailored to individual victims' needs.

2. Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.

Madison County law enforcement, dedicated to securing justice for victims and protecting the community, regularly collaborate during case investigations, which often leads to the successful investigation and prosecution of cases. Additionally, local social service agencies collaborate with the Victim Services Division of the State's Attorney's Office to ensure that victims have access to the highest level of applicable victim services.

After the increase in drug charges in Madison County, the community has also seen an increase in violent crime stemming from drug use and the drug trade, including offenses such as homicide and armed robbery. Law enforcement are facing a constant battle against not only drug-related offenses, but also the resulting violent crimes. Additionally, the Victim Service Division faces a multitude of challenges when victims do not wish to participate, or receive any victim services. In some instances, the victims do not want charges issued in the first place, and they are often not receptive to available victim services.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

1. Please provide a *brief* description of your entire organization, including unit descriptions and staffing.

Madison County, located in Southwestern Illinois, has a population of almost 270,000.

The County lies within the St. Louis, Missouri Metropolitan Statistical Area and borders St. Clair County, Illinois. The Madison County State's Attorney's Office is the prosecutorial office for Madison County. The Office's main function is to enforce Illinois Criminal Statutes. In addition, the State's Attorney sets policies and guidelines that impact the administration of justice by more than 25 law enforcement agencies in the County. Thomas Gibbons holds the office of State's Attorney, after being re-elected to a four-year term in November 2016.

In addition, the Office is involved in a variety of projects, and staff pursue a number of specialized functions. These include the interagency collaboration of the investigation and prosecution of the physical and sexual abuse of children through our Child Advocacy Center; specialized drug and auto-theft prosecutions; enforcement of non-payment of child support; bond and asset forfeitures; specialized courts for veterans and those suffering from mental illness; the implementation of court-supervised drug treatment for non-violent persons; a child-death review task force; an on-going prosecutorial support for community and neighborhood crime prevention and control efforts.

In response to the increase of violent crimes in Madison County, the Office formed the Violent Crimes Unit in January 2013. The Violent Crimes Unit encompasses all major violent

crimes ranging from Armed Robberies to First Degree Murder. The Office also participates in local specialized narcotics units, a collaboration between local law enforcement, the US Marshalls, and the DEA, which carry-out agency specific drug round-ups.

In February 2014, in response to a string of heroin overdose deaths and the continuing epidemic of heroin addiction in Madison County, the Madison County State's Attorney's Office and Madison County Sherriff's Office formed the Madison County Heroin Task Force to study the effectiveness of past efforts to fight the problem, assess the current status of the problem in the County, and develop a future Plan of Action to help reduce addiction and save lives. In early 2016, the Task Force joined several local partners in treatment, prevention, recovery, and law enforcement in forming the Partnership for Drug-Free Communities, working to create strategies focused on drug education, prevention, treatment, recovery, and enforcement.

In 2016, Madison County established a Domestic Violence Accountability Court, where first-time offenders are offered an educational alternative; and a Child Support Accountability Court, to assist noncustodial parents who have fallen behind. Members of the State's Attorney's Office were involved in the planning and implementation stages of both Accountability Courts, which involve partnerships with government agencies as well as community and private sector groups.

2. What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.

The Madison County State's Attorney's Office operates a prosecutor-based victim/witness program that serves all of Madison County. The Office treats all victims with fairness and respect regardless of race, color, or sex by offering services and education to protect their rights as victims of crime. Additionally, the Office provides services for

witnesses of violent crime. Our full-time Victim/Witness Advocate is certified by the National Advocate Credentialing Program as a Comprehensive Victim Intervention Specialist. In 2013, she joined the Madison County Child Advocacy Center’s Accreditation Committee.

3. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

| Type of staff | Number of staff |
|--|------------------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 2 |
| Number of managerial staff | 0 |
| Number of administrative support staff | 0 |

4. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.

The Madison County State’s Attorney’s Office is the prosecutorial office for Madison County, Illinois. Madison County encompasses Alhambra, Alton, Bethalto, Collinsville, Cottage Hills, Dorsey, East Alton, Edwardsville, Fairmont City, Glen Carbon, Godfrey, Granite City, Grantfork, Hamel, Hartford, Highland, Holiday Shores, Livingston, Madison, Marine, Maryville, Mitchell, Moro, New Douglas, Pierron, Pocahontas, Pontoon Beach, Rosewood Heights, Roxana, South Roxana, St. Jacob, Troy, Venice, Williamson, Wood River, and Worden, Illinois.

C. Agency Capacity and Experience

1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

The Madison County State's Attorney's Office has provided victim services for over twenty-five years. In 2016, the Victim Advocates provided assistance to 865 victims of crime.

Victims are provided with the Victim Bill of Rights and the Notice of Victim's Assertion of Rights. Victims are notified in a timely fashion of important court proceedings. Victim Advocates up appointments for victims with prosecutors to ensure the victims are heard and their concerns are addressed. The Advocates provide information about the sentencing, how to contact the Probation Department, register victims on the AVN/DOC website, notify victims of the release of inmates, and provide assistance with transportation to parole hearings. The Advocates also provide assistance to victims who are filling out the Crime Victim Compensation Application through the Illinois Attorney General's Office. Follow-up is provided at the request of the victim.

2. If your agency not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.

N/A

3. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.

The Madison County State's Attorney's Office currently receives funding for Victim Services through one grant. The Violent Crime Victims Assistance Act Program provides

\$35,700 to fund a portion of the salary of our full-time Victim Advocate. This grant, awarded by the Illinois Attorney General, requires submission of quarterly progress and financial reports.

The Victim Advocate coordinates with the Office Administrator to develop goals and ensure satisfactory progress on goals are being met.

4. If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.

The addition of a full-time Victim Advocate will provide an opportunity for the Victim Services Division to provide services to a greater number of victims. If awarded, the two current Victim Advocate positions will remain, funding from this grant will be used for a second full-time Victim Advocate. The three Victim Advocates will coordinate to provide victim services, continuing the activities outlined above.

5. Describe how your agency will financially sustain the program at the end of the three-year funding period.

When federal funding ends, the Madison County State's Attorney's Office will request additional funding in the Office budget for the applicable fiscal year, utilizing the successful outcomes of the program term to demonstrate the importance of program continuation to Madison County Administration.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state's attorney's offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function,

including:

- a) How victims will be screened for eligibility,
- b) How referrals will be made for services,
- c) How services will be available for all victims of crime,
- d) Location of victim service staff within law enforcement agency or state's attorney's office, and
- e) Coordination of services with other victim service staff.

The Victim Services Division of the Madison County State's Attorney's Office serves all victims of Madison County, regardless of race, age, sex, income, or geographic limitations. Upon receiving notification of charged cases, the Victim Advocates initiate contact with the associated victims. Additionally, local law enforcement agencies will sometimes refer victims directly to the Victim Advocates. The Victim Advocates provide referrals to local agencies based on each victims' needs, including: domestic violence shelters, individual counseling agencies, sexual assault agencies, etc. Likewise, local agencies will often refer victims to our office.

The Victim Advocates often speak with victims shortly after the incident occurs to discuss the status of the investigation and explain how the charging process works. The Advocates will also provide information about Victim's Compensation and assist with the application process. Additionally, the Advocates follow-up with the Attorney General's Office on applications for Victim's Compensation. After charges have been issued, the Advocates speak with victims regarding the criminal court process and make referrals to applicable local agencies. The Advocates maintain ongoing communication with victims regarding case updates, appointments with prosecutors, explaining victim's rights, provide court date notification, and provide support in the courtroom as needed. The Victim Advocates also provide information on writing victim-impact statements and ensure the prosecutors and other participants receive these statements in a timely manner. The Advocates maintain contact with victims during and after the

criminal court process. Where appropriate, our Victim Advocate assists victims with filing Orders of Protection and relays their concerns to prosecutors so that bonds may be modified to keep the perpetrators away from the victims. The Advocates also work with the Madison County Courthouse Security to ensure that victims are both coming into and leaving the Courthouse.

Additional services provided by the Victim Services Division include the arrangement of transportation for victims to attend court, VINE registration, community referrals to social service agencies, outreach for domestic violence victims unable to travel to the State's Attorney's Office to file Orders of Protection, or those who are victims of violent crimes. The Victim Services Division also provides assistance with court appearances; the Advocate will attend trials and sentencing hearings with victims and their families. In addition, the Victim Advocate is mandated to hotline potential child abuse cases in the course of providing Orders of Protection.

2. Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.

The Madison County State's Attorney's Office provides services to as many victims as possible. Currently, due to the high number of cases and limited number of Victim Advocates on staff, some victims may not receive as much assistance as they would like. In 2016, the Victim Advocates provided assistance to 865 victims. By adding another full-time Advocate, the Victim Advocates will be able to provide more in-depth services to the victims that request

3. Project the number of clients to be served during the grant period. Explain and justify this projection.

The projected number of clients to be served during the grant period is 1,000. In 2016,

the Victim Advocates provided assistance to 865 victims. Madison County continues to file over 3,000 felony cases each year, and has recently seen an increase in violent crimes stemming from the opioid crisis and drug trade, thus, it is likely that the number of victims served will increase as well.

4. Describe known barriers to victims accessing victim services and how your agency will address these.

The ability to provide timely notification to victims has proven to be a barrier for the Victim Advocates. The increasing number of cases filed has made it more difficult for our current Victim Advocates, especially with only one Advocate working full-time, to keep track of court appearances and other events that are typically discussed with victims. If awarded, an additional full-time Victim Advocate would allow for better tracking of cases and victim notification as needed. Further, an additional full-time Advocate would provide better opportunity for victim follow-up. Each victim receives a packet of information from the Victim Advocates, including a Victim's Assertion of Rights form, which is returned to the office. These forms are sometimes returned uncompleted, or not returned at all, and the Advocates do not always have the time to make contact with these victims. The addition of another Advocate would provide more opportunity to follow-up until victim contact is achieved. While there may be victims who do not want to utilize the Victim Advocates, the ability to follow-up will allow our staff to ensure no victim is missing the opportunity to utilize the victim's services available.

5. Describe how the program design will incorporate trauma-informed care, as described in *Attachment 1* of the Notice of Funding Opportunity.

The current practices of the Victim Services Division already incorporate trauma-informed care. Advocates provide encouragement to seek counseling at the appropriate agencies.

The Advocates provide timely notification of court settings, and a presence in the courtroom with the victims. The Victim Advocates strive to prevent re-traumatization by providing ongoing support and encouragement to seek additional assistance where needed. The Advocates work to develop safety plans for domestic violence victims, and work with the prosecutors to enter bond conditions to address safety issues. Additionally, the Advocates ensure victims have access to, and appointments with, the prosecutors assigned to their case and encourage the victims to ask questions and voice their concerns. When necessary, the Advocate will step in during these meetings with the prosecutor to ask questions the victim may not know to ask. Further, the Advocates regularly collaborate with local agencies to secure the highest level of counseling and support for the victim.

6. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.

The Victim Advocates maintain ongoing contact with victims regarding the adjudication of the case, providing information on the victim notification system, and notifying of the offender release from prison. If additional contact with the prosecutor is required, the advocate will facilitate this contact for the victim. When needed, Advocates will contact the Illinois Department of Corrections when a no-contact order is in place and the offender continues to attempt contact with the victim. If a victim is contacted by an offender following his/her release, the Advocates will notify parole agencies, contact the Department of Corrections Victim Advocate, or provide the victim with the information to contact these agencies directly. If a victim contacts the Advocates immediately following the incident, Advocates will facilitate contact with the appropriate law enforcement agency to get reports filed.

7. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

Current ongoing collaborations include local sexual assault agencies, to provide better services to the victims of sexual assault, domestic violence shelters to provide additional support to victims of domestic violence, and local law enforcement agencies to ensure victim safety.

These collaborations will continue during the proposed program term to provide victims easier access to the appropriate additional services.

8. Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program.

*Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.

Each victim of felony violent crime receives a partially completed Victim's Compensation Application and an Illinois Attorney General information sheet explaining the Victim's Compensation program that is appropriate for their specific case (Domestic Violence, FAQ, Murder, etc.) in the mail. Additionally, each victim receives the contact information for the Victim Services Division, where our Advocates are available to provide assistance with completing the application. Posters are displayed in the Office lobby, the Victim Service Division office, and several locations in the Madison County Criminal Justice Center containing information about the Victim's Compensation Application and contact information.

E. Staffing Plan

1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.

Full-Time Victim Advocate – This position is funded partially by a VCVA Grant from the Illinois Attorney General’s Office, with the rest of the funding being provided by the State’s Attorney’s Office. The full-time Advocate currently handles services for all victims of violent crime in Madison County. This position is supervised by the Executive Legal Secretary, and coordinates services with the prosecutor assigned to each victim case and the part-time Advocate. Additionally, this position participates in the Domestic Violence Accountability Court two days per week, providing victim support as needed.

Part-Time Victim Advocate- This 20 hour per week position is funded by the State’s Attorney’s Office. Currently, the part-time Advocate handles services for the victims of property crime in Madison County. This position is supervised by the Executive Legal Secretary, and coordinates services with the prosecutor assigned to each victim case and the full-time Advocate.

Full-Time Victim Advocate – If awarded, this full-time position will be funded in part by the VOCA Grant, with the rest of the funding provided by the State’s Attorney’s Office. This position will be supervised by the Executive Legal Secretary, and work alongside the current Advocates to coordinate with prosecutors to provide general victim services as needed on a case-by-case basis.

2. What are the primary qualifications of program–funded staff (education, language skills, etc.)?
A bachelor's degree in a relevant field or equivalent; prefer at least one (1) year related experience

3. Describe how cases are coordinated and supervised within the agency.

Currently, as cases are charged they are sent to the Victim Advocates via “victim notification forms”. While one Advocate is primarily responsible for victims of violent crime and the other is primarily responsible for victims of property crime, these are not limitations. The Advocates regularly work together to coordinate services and are available to assist any type of victim when the other is unavailable.

4. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

The Office will actively seek training for the Advocates regarding the trauma skills training. Once certified, the Advocates will host a training for the Office staff.

5. What other training needs have you identified for staff funded under this program?

Additional training needs include the Illinois Certified Domestic Violence 40-Hour Training, the 40-Hour Sexual Assault Advocate Training, and the Illinois Victim Assistance Academy. Additionally, the Advocate is encouraged to become a credentialed Victim Advocate through NOVA and maintain the 32-hour training requirement every two years.

6. How will you address those training needs? If you are unable to address those needs, please explain why.

The Office will actively seek training opportunities and send staff to available trainings when possible.

7. Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.

Representatives from the Oasis Women’s Center and the Phoenix Crisis Center are present each week in the Domestic Violence Accountability Court, available to speak with victims. Advocates have also coordinated with volunteers from Parents of Murdered Children to provide additional support to victims involved in murder cases.

8. Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent** |
|---------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| <i>Example: Volunteer Coordinator</i> | .50 | 100 | .5 |
| <i>Example: Advocate</i> | .75 | 50 | .375 |
| Advocate | 1.0 | 100 | 1.0 |
| | | | |
| | | | |
| TOTAL | | | |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted if application is funded.

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|-------------|-----------------------------------|-----------------|
| Hire Staff | Program Administrator | Month 1 |
| Train Staff | Victim Advocate | Month 1 |

| | | |
|--|--------------------------------------|-----------------------------------|
| If applicable, submit subcontract to Authority for review and approval | N/A | N/A |
| Submit quarterly data report to the Authority | Victim Advocate/Office Administrator | 15 th of every quarter |
| Submit quarterly fiscal reports to the Authority | Victim Advocate/Office Administrator | 15 th of every quarter |
| | | |
| | | |
| | | |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

Tracks I and II Goals, Objectives, and Performance Measures:

| | |
|---|---|
| Goal: To provide advocacy services to victims of crime. | |
| Objective | Performance Measure |
| SCREENING | |
| # <u>1000</u> victims screened for eligibility by your agency. # <u>1000</u> clients will be provided services by your agency. | # of victims screened for eligibility by your agency. # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred. # of clients provided services by your agency. |
| INFORMATION & REFERRAL | |
| # <u>1000</u> clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. |

| | |
|--|---|
| # <u>1000</u> clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. |
| # <u>1000</u> clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred. # of times staff provided referrals to other victim service providers. |
| # <u>1000</u> clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # <u> </u> clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, supports, and resources. |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| # <u>1000</u> clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| # <u>1000</u> clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| # <u>500</u> clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |
| # <u>50</u> clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance. |
| # <u>100</u> clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| # <u>20</u> clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| # <u>0</u> clients will receive employment assistance | # of clients provided with employment assistance |

| | |
|---|---|
| (e.g., help creating a resume or completing a job application). | (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # <u>0</u> clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # <u>0</u> clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| # <u>500</u> clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| <i>SHELTER/HOUSING SERVICES</i> | |
| # <u>0</u> clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| # <u>1000</u> clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | # of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events. |
| # <u>500</u> clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # <u>1000</u> clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| # <u>200</u> clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |

| | |
|--|--|
| # <u>500</u> clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. |
| <i>REQUIRED TRAININGS</i> | |
| # <u>3</u> staff will receive training on trauma | # of staff trained # of trainings on trauma held |

Additional Track II Goals, Objectives, and Performance Measures:

| | |
|---|---|
| <i>REQUIRED TRAININGS</i> | |
| # ____ of individuals interviewed to become a CASA volunteer. | # of individuals interviewed to become a CASA volunteer. # of individuals offered a volunteer CASA position. |
| # ____ of volunteer trainings to be held. | # of volunteer trainings held. # of volunteers trained. |
| # ____ of current CASA volunteers. | # of current CASA volunteers. |
| # ____ of cases to be reviewed and assigned to advocates. | # of cases reviewed and assigned to advocates. # of clients served by advocates. # of supervision meetings held with advocates. |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

- 1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

- 2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

- 2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

- 4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
 Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is _____%

- 5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|---------|
| Period Covered by the NICRA: | _____ |
| Approving Fed/State Agency (please specify): | _____ |
| The Indirect Cost Rate is: | _____ % |
| The Distribution Base is: | _____ |

| | | | | | |
|---|--|---|--------|---|-----------------|
| STATE OF ILLINOIS | | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Madison | | DUNS#: 040140154 | | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 | Project Period: |
| <p><i>If you are required to provide or volunteer to provide cost-sharing, matching funds, other funding or contributions to the project, these should be shown for each applicable budget category. All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." Please read all instructions before completing form.</i></p> | | | | | |
| SECTION B -- MATCH FUNDS | | | | | |
| Program Revenues | | Year 1 | | | |
| Grantee Match Requirement: ___% <i>(ICJIA to populate only if match is required)</i> | | | | | |
| (b). -Cash | | | | | |
| (c). -Non-cash | | \$ | 11,770 | | |
| (d). Other Funding & Contributions | | | | | |
| NON-STATE Funds Total | | \$ | 11,770 | | |
| BUDGET SUMMARY MATCH FUNDS | | | | | |
| Budget Expenditure Categories <i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i> | | Year 1 | | | |
| 1. Personnel (Salaries & Wages) 200.430 | | \$ | 8,681 | | |
| 2. Fringe Benefits 200.431 | | \$ | 3,089 | | |
| 3. Travel 200.474 | | \$ | - | | |
| 4. Equipment 200.439 | | \$ | - | | |
| 5. Supplies 200.94 | | \$ | - | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | | \$ | - | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | | \$ | 11,770 | | |
| 17. Indirect Costs* (see below) 200.414 | | | | | |
| Rate: _____ % Base: _____ | | \$ | - | | |
| 18. Total Costs NON-ICJIA (Match) Funds (lines 16 and 17) | | \$ | 11,770 | | |

| | | | |
|---|--|---|-----------------|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Madison | DUNS#: 040140154 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

| Implementing Agency | | Program Agency |
|--|--|--|
| County of Madison Name of Applicant Institution/Organization | County of Madison Name of Applicant Institution/Organization | Madison County State's Attorney's O Institution/Organization |
| _____ Signature | _____ Signature | _____ Signature |
| _____ Name of Official | _____ Name of Official | _____ Name of Official |
| Madison County Treasurer Title Chief Financial Officer (or equivalent) | Madison County Board Chairman Title Executive Director (or equivalent) | Madison County State's Attorney Title Executive Director (or equivalent) |
| _____ Date of Signature | _____ Date of Signature | _____ Date of Signature |

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | |
|--|-------------------------------------|---------------|--------|--|
| Grantee (or Subgrantee) DUNS: | 40140154 | | | |
| Grantee (or Subgrantee) Name: | County of Madison | | | |
| Grantee (or Subgrantee) DBA: | Madison County | | | |
| Grantee (or Subgrantee) Address: | 157 N. Main St., Suite 402 | | | |
| City: | Edwardsville | State: | IL | Zip+4: 62025-1960 Congressional District: 13 |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | |
| City: | Edwardsville | State: | IL | Zip+4: 62025-1960 Congressional District: 13 |
| Grant #: | Award Amount: | \$ | 47,003 | Project Period: |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | |
| CSFA Short Description: VOCA FFY16 | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | |
| Yes <input type="checkbox"/> If yes, you are not required to provide data. | | | | |
| No <input checked="" type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | |
| Please provide names and total compensation of the top five officials: | | | | |
| Name: | Thomas Gibbons, State's Attorney | Amount: | \$ | 166,525 |
| Name: | John Rekowski, Public Defender | Amount: | \$ | 149,864 |
| Name: | Mark Gvillo, County Engineer | Amount: | \$ | 132,704 |
| Name: | Judith Dallas, Probation Director | Amount: | \$ | 127,109 |
| Name: | Douglas Hulme, County Administrator | Amount: | \$ | 120,016 |

Section C - Budget Worksheet & Narrative

1). Personnel (Salaries & Wages) (2 CFR 200.430) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Name | Position | Computation | | | | Federal/State Amount | Match | Total Cost |
|--------------|------------------------|----------------|---------------------|-----------|------------------------------|----------------------|--------------------|---------------------|
| | | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Quantity (based on Yr/Mo/Hr) | | | |
| <i>TBD</i> | <i>Victim Advocate</i> | \$ 21 | hour | 100.00% | 2,080.00 | \$ 34,645 | \$ 8,661 | \$ 43,306 |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| Total | | | | | | \$ 34,645.00 | \$ 8,661.00 | \$ 43,306.00 |

Personnel Narrative:

- The annual salary amount for the designated Victim Advocate is \$43,306. Since this is a union position, the salary is based upon the salary range for a Victim Advocate listed in the union supplied job description.

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| N/A | | | | | \$ - |

Indirect Cost Narrative:

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Signature

Name of Official

Title
Chief Financial Officer (or equivalent)

Date of Signature

Institution/Organization

Signature

Name of Official

Title
Executive Director (or equivalent)

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|--------------------------------|-----------------------------|---------------------|---------------------|
| 1. Personnel | \$ 34,645.00 | \$ 8,681.20 | \$ 43,306.00 |
| 2. Fringe Benefits | \$ 12,358.00 | \$ 3,089.00 | \$ 15,447.00 |
| 3. Travel | \$ - | \$ - | \$ - |
| 4. Equipment | \$ - | \$ - | \$ - |
| 5. Supplies | \$ - | \$ - | \$ - |
| 6. Contractual Services | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. Indirect Costs | \$ - | \$ - | \$ - |
| TOTAL PROJECT COSTS | \$ 47,003.00 | \$ 11,770.20 | \$ 58,753.00 |

| | | | |
|--|---|--|------------------------|
| ICJIA Agency Approval | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Madison | DUNS#: 040140154 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.

4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.

5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.

- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|--|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | 214036, 213036, 212036, 211036, 210036, 209036, 208036, 206036, 204036, 202036, 215036, 215236 |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|---|--|
| 22. | Legal Name | McLean, County of |
| 23. | Common Name (DBA) | McLean County |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 37-6001569 |
| 25. | Organizational DUNS number | 057428943 |
| 26. | SAM expiration date | 08/01/2018 |
| 27. | SAM Cage Code | 62SR1 |
| 28. | Business Address | Street address: 115 E Washington Street, Room 401 City: Bloomington State: IL County: McLean Zip + 4: 61701-2400 |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|-------------------------|--------------------------------------|
| 29. | First Name | Garnetta |
| 30. | Last Name | Schaefer |
| 31. | Suffix | |
| 32. | Title | VOCA Advocate |
| 33. | Telephone Number | 309-888-5416 |
| 34. | Fax Number | |
| 35. | Email address | Garnetta.schaefer@mcleancountyil.gov |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|-------------------------|-----------------------------------|
| 36. | First Name | Jason |
| 37. | Last Name | Chambers |
| 38. | Suffix | |
| 39. | Title | State's Attorney |
| 40. | Telephone Number | 309-888-5400 |
| 41. | Fax Number | |
| 42. | Email address | Jason.chambers@mcleancountyil.gov |

Program Agency Information (If different from Implementing Agency.)**

| | | |
|-----|-----------------------------------|---|
| 43. | Legal Name | (Name used for DUNS registration.) |
| 44. | Organizational DUNS number | |
| 45. | SAM expiration date | |
| 46. | SAM Cage Code | |
| 47. | Business Address | Street address: City: State: County: Zip + 4: |

| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
|---|--|--|
| 48. | First Name | |
| 49. | Last Name | |
| 50. | Suffix | |
| 51. | Title | |
| 52. | Telephone Number | |
| 53. | Fax Number | |
| 54. | Email address | |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | (If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.) McLean |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 13 State Senate District: 44 State Representative District: 88 |
| 57. | Primary Area of Performance | (This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.) Bloomington, IL 61701-2400 |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 13 State Senate District: 44 State Representative District: 88 |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | (Text only for the title of the applicant's project.) McLean County Victim Witness Division |
| 60. | Proposed Project Term | Start Date: 01/01/2018 End Date: 12/31/2018 |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$ <input type="checkbox"/> Budgeted Amount: \$ 53,458 <input type="checkbox"/> Match: \$13,880 <input type="checkbox"/> Overmatch: \$2,062 <input type="checkbox"/> Program Income: \$ <div style="text-align: right;">Total Amount : \$69,400</div> Indirect cost rate: <u> 0 </u> % |
| Applicant Certification: | | |
| <p>By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.</p> | | |

I agree

Implementing Agency Authorized Official (Director, President, Chair, or similar position)

| | | |
|-----|---|----------------------------------|
| 62. | First Name | John |
| 63. | Last Name | McIntyre |
| 64. | Title | County Board Chair |
| 65. | Telephone Number | 309.88.5110 |
| 66. | Fax Number | |
| 67. | Email address | John.mcintyre@mcleancountyil.gov |
| 68. | Signature of Authorized Representative | |
| 69. | Date Signed | |

Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.)

| | | |
|-----|---|-----------------------------------|
| 70. | First Name | Rebecca |
| 71. | Last Name | McNeil |
| 72. | Title | Treasurer |
| 73. | Telephone Number | 309.888.5180 |
| 74. | Fax Number | |
| 75. | Email address | Rebecca.mcneil@mcleancountyil.gov |
| 76. | Signature of Authorized Representative | |
| 77. | Date Signed | |

Program Agency Authorized Official

| | | |
|-----|---|-----------------------------------|
| 78. | First Name | Jason |
| 79. | Last Name | Chambers |
| 80. | Title | State's Attorney |
| 81. | Telephone Number | 309.888.5400 |
| 82. | Fax Number | |
| 83. | Email address | Jason.chambers@mcleancountyil.gov |
| 84. | Signature of Authorized Representative | |
| 85. | Date Signed | |

** ICJIA specific modification to GATA form

PROGRAM NARRATIVE

(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font and **double-spaced** with 1 inch margins and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- County state's attorney
- County sheriff's department
- Local police department
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

*Victim services agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Offer new types of services.
- Serve additional victim populations.
- Continue existing services to crime victims.*

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

The advocate position that this grant is proposed to fund has been, and currently is, funded by the VOCA grant through ICJIA. This is not supplanting but a continuation of current federally funded activities from the same federal source.

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

A. Statement of Problem

1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.

The MCSAO files more than 30,000 criminal cases annually. These include felony, misdemeanor, family, juvenile, and traffic cases. Each case, regardless of type, has a potential need for service from the Victim/Witness Program. Approximately 80% of these are traffic cases, 6% are misdemeanors, 5% are felonies, 3% are DUIs, 2% are orders of protection, and 1% is juvenile cases. In the last five years McLean County annually averaged 253 violent index arrests (murder, criminal sexual assault, robbery, and aggravated assault) and 888 property index arrests (burglary, theft, motor vehicle theft, and arson), along with 1620 domestic violence offenses. These cases are high level utilizers of Victim/Witness Program Services.

McLean County's Victim/Witness Victim Advocacy provides victims with a stable, consistent ally throughout the course of their case. This stability minimizes re-traumatization for the victim, particularly in not having to re-tell their story to multiple service providers. It also provides them with the expert assistance necessary to ensure that all of their needs associated with their victimization are met.

2. Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.

STRENGTH 1: McLean County operates under a philosophy of collaboration for better outcomes. We have a Criminal Justice Coordinating Council that brings together players from all facets of the community and criminal justice system to ensure that our responses to crime are coordinated and evidence based. The State's Attorney is on the executive committee for the CJCC, and is a key player in ensuring that victims' rights are respected, and needs recognized, in all initiatives.

STRENGTH 2: McLean County is resource rich, in terms of numbers and types of service providers. There is a decent continuum of services for victims of crime, as well as corrective services for perpetrators, and community services for prevention of violence. Our partner Mid-Central Community Action provides domestic violence services-including victim advocacy, shelter and children's services-as well as a variety of financial assistance programs for utilities, housing, and education. Our partner YWCA of McLean County provides sexual assault services-including victim advocacy, counseling, and prevention education-as well as food, transportation, and prison re-entry services. All of these services are used regularly to benefit victims of crime in our Victim/Witness program.

CHALLENGE 1: McLean County is situated in the center of the state at the intersection of three interstates. This makes the area attractive to drug trafficker. McLean County struggles like many communities with rising heroin and opioid availability and usage. Increased addiction issues have dire consequences on violent and property crimes as many turn to crime to fund their next fix. McLean County has created a Behavioral Health Coordinating Council (BHCC) to ensure a better and more complete continuum of services for behavioral health issues, including

opioid addiction. But the BHCC is in its beginning stages. Other stakeholders in the criminal justice system, including the State's Attorney, have come together to examine the opioid problem and develop a continuum of responses to minimize access to these drugs, encourage treatment, and ensure restitution to victims of any addiction related crimes .

CHALLENGE 2: The most serious violent crime in McLean County is perpetrated by members of gangs. Strong arm robbery, armed robbery, battery, home invasion, and gun crimes are all perpetrated regularly by gang members. These gangs are often hybrid varieties, with young adult and juvenile members perpetrating the worst of the violence. While this is a very small portion of the crime committed in McLean County, it is among the highest profile. The State's Attorney has taken a hard line on these crimes and is working with the Juvenile Justice Council and CJCC to implement preventative and restorative justice programs for such crimes.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

1. Please provide a *brief* description of your entire organization, including unit descriptions and staffing.

The MCSAO is responsible for the prosecution of McLean County's most dangerous criminals. Working in conjunction with law enforcement, we work to enforce the law and punish criminals. We also provide advocacy for victims of crimes. The goal of the MCSAO is not simply to gain convictions, but to seek justice.

The MCSAO has four divisions and five special units or programs:

| <i>Division/Unit</i> | <i>Number of Attorneys</i> | <i>Number of Legal Assistants</i> | <i>Number of Other Staff</i> | <i>Total Number of Staff</i> |
|--|----------------------------|-----------------------------------|------------------------------|------------------------------|
| Child Support Division | 2 | 2 | 0 | 4 |
| Civil Division | 2 | 1 | 0 | 3 |
| Criminal Division (includes all special units and traffic) | 15 | 8 | 0 | 23 |
| Juvenile Division | 3 | 1 | 0 | 4 |
| Victim/Witness Program | 0 | 3 | 1 Director 1 Advocate | 5 |
| Child Advocacy Center | 1 | 1 | 0 | 2 |
| Drug Unit | 2 | 1 | 0 | 3 |
| Sexual Assault Task Force | 1 | 1 | 0 | 2 |
| Domestic Violence CCR Team | 1 | 1 | 0 | 2 |

2. What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.

The MCSAO provides victim services for all victims of crime through our Victim/Witness Program. Additionally, we convene two specialized multidisciplinary teams (a Sexual Assault Task Force and a Domestic Violence Coordinated Community Response Team) and work in collaboration with our Child Advocacy Center, domestic violence program, and sexual assault advocacy program to provide specialized victim advocacy that we alone cannot provide.

3. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

| Type of staff | Number of staff |
|--|------------------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 7 |
| Number of managerial staff | 3 |
| Number of administrative support staff | 5 |

4. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.

McLean County, Illinois

C. Agency Capacity and Experience

1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

The MCSAO Victim/Witness Program has been providing services since 1981, and provided service to 1600 victims in 2016. Its mission is to restore public confidence in the criminal justice system by assisting and supporting victims and witnesses in the criminal justice system, lessening their hardship and fear through compassion, empathy, and education.

The Victim/Witness Program provides services to victims and witnesses of felony crimes, misdemeanor crimes, DUI crimes, felony traffic crimes, and juvenile crimes. Advocates provide witnesses with case scheduling information and answers to questions about the court system and its procedures; support intimidated witnesses by providing information and access to the proper resources for assistance; facilitate the return of recovered items of personal property to victims of crimes; gain the support of employers to allow their employees to come to court without loss of pay; assist the victims of violent crimes in obtaining compensation under the Crime Victims Compensation Act; contact victims as to the disposition of their felony case; notify victims when a no contact order as a condition of bail has been obtained for their protection; and train law enforcement officials and social service personnel as to the needs of victims and services provided for them in the community.

2. If your agency does not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.

We have the capacity to provide these services.

3. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.

The MCSAO, as a department of McLean County Government, has extensive experience and capacity to manage grants. The MCSAO has managed an annual VOCA grant from ICJIA for this program since 2003. Last year's awarded amount was \$43,902. The MCSAO also manages a grant from the Attorney General's Office in the amount of \$32,120 annually. Additionally the MCSAO has managed VAWA grants from ICJIA, which included coordinating multiple partners, from 1997 to 2015. The total amount of the VAWA STOP grant was \$389,870 annually, of which \$76,386 was directly awarded to the MCSAO.

The process for grant management at McLean County is multi-level. All grant awards/contracts must be approved by the County's legal counsel, then by the Justice Committee of the County Board, and finally by the County Board. A copy of the signed grant contract goes to the County Administration, Auditor, and Treasurer, in addition to the department awarded the grant, in this case the MCSAO. The department is then responsible for implementing the grant program, including fiscal and program reporting. For the VOCA grant, there is a separate sub-account for grant expenditures and reimbursements, which are reconciled separately, and then as part of the overall budget to ensure accuracy. All grant fiscals must go to our Auditor for quality control and approval before they can be signed and submitted to ICJIA. If there is a discrepancy between the Auditor's records and the department's records, the issue must be

resolved before it will be approved. Our Auditor also does an annual Comprehensive Annual Financial Report (CAFR) for the entire county, and an outside agency is contracted to audit our internal controls and compliance with federal programs.

4. If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.

The MCSAO has funded the Victim Advocate position with VOCA funds since 2003. This is the first year since then that the grant has been competitive rather than a continuation. Due to county budget issues, including retirement incentives and involuntary layoffs, without continued VOCA funds, the Victim Advocate position would have to be eliminated. If it is awarded, it would not be supplanting, as no state or local funds were used to fund this position previously.

5. Describe how your agency will financially sustain the program at the end of the three-year funding period.

McLean County is facing its greatest budget crisis since the economic downturn at the end of the last decade. Due to a 10% cut in the Local Government Distributive Fund (LGDF) by the State of Illinois, and a new 2% processing fee for home rule sales tax, McLean County is facing a \$1.5million deficit. As a result, 25 positions will be cut, and another 61 employees who are eligible for retirement will be encouraged to retire. We are hopeful that in the three years provided by this grant, the County will stabilize, find new sources of funding, and will be receptive to funding the position without grant funding.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state's attorney's offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:

- a) How victims will be screened for eligibility,

McLean County has a county-wide Integrated Justice Information System (IJIS). Daily victim advocate reports are generated in IJIS, which the advocate uses to determine who each victim will be served by. All victims are served by Victim/Witness staff, but only victims of violent crime are served by the Victim Advocate funded by the VOCA grant.

- b) How referrals will be made for services,

All victims served by the Victim Advocate will receive individualized services. In an effort to promote the victim's self-determination, autonomy, growth, and self-advocacy, the Victim Advocate will meet with the victim to discuss the victim's needs. The Victim Advocate will participate in informed and shared decision-making with the victim to develop a case plan that prioritizes needs and sets a roadmap for services. When a service requires a referral to another agency or department, the Victim Advocate will educate the victim on the resources available to determine the best fit for the victim. Once that is established, a release of information will be obtained and the Victim Advocate will contact the selected service provider to set up an appointment for the victim. Every consideration to make the appointment convenient for the victim will be made, and the Victim Advocate will provide as much relevant background information as allowed by the victim to facilitate as warm a hand off as possible to the referral agency.

- c) How services will be available for all victims of crime,

All victims are contacted by the MCSAO Victim/Witness Program and apprised of their rights as a victim of a crime. This includes sending a packet of information to the victims that

includes the victims' Bill of Rights, Victim Impact Statement, advocate name and contact information, Illinois Automated Victim Notification (AVN) pamphlet, and the Illinois Attorney General's Crime victim's Compensation application and instructions. Other pamphlets or information may be included depending on the nature of the crime and anticipated needs of the victim. Any and all victims of crime in McLean County may receive crisis intervention services, case progress updates, criminal justice advocacy, personal advocacy, and language and disability accommodations. The philosophy of the MCSAO Victim/Witness Program is that victims are to be empowered and supported through the process, and allowed a great deal of autonomy in deciding what, if any, services they would like to receive. Regardless of the nature of the crime, any victim who chooses to do so, may receive advocacy and support services through our office.

- d) Location of victim service staff within law enforcement agency or state's attorney's office, and

The Victim/Witness office is located within the MCSAO office on the sixth floor of our county courthouse. This makes everything very convenient for victims to have all of their court related needs met in one-stop.

- e) Coordination of services with other victim service staff.

For Domestic Violence victims, services are coordinated with Mid-Central Community Action's Countering Domestic Violence (CDV) program. They operate our local domestic violence shelter and hotline, and also have two advocates housed in the courthouse to assist with orders of protection. These advocates work with victims to prepare petitions for Orders of Protection (OP), escort victims to court hearings, educate victims on the cycle of abuse, and provide community referrals as needed. The MCSAO Victim/Witness Advocates will contact the CDV office to see if there is an advocate available to assist a victim with OP paperwork. If the

advocates are both with other clients, the Victim Advocate will assist the victim with the paperwork and emergency court date, and then notify the CDV advocates of the case and provide a warm handoff, when possible.

In compliance with state statute, services are also coordinated with Pretrial Services for domestic violence and violation of order of protection victims whose abuser is released on bond. Pretrial Services informs the MCSAO Victim Advocate when release is likely in these cases so they can prepare to contact the victims. Once an offender is released, the Advocate notifies the victim and provides details of the bond conditions. In the event that electronic surveillance is ordered, the Advocate notifies the named victim and provides a packet of information that discloses the exclusion zones based on the OP and the notification procedures in the event of a violation.

Coordination of services occurs between the Children's Advocacy Center (CAC) and the MCSAO Advocate in cases of sexual assault involving a minor. The CAC is part of McLean County Government structure but is not part of the MCSAO. When a minor (18 years old or younger) victim appears on the daily advocate report, the Advocate contacts the CAC to ensure a file has been opened and victim is receiving the appropriate advocacy services. The MCSAO Advocate will assist the parent/guardian with the Victim Impact Statement and completion instructions and will provide court escort services, if requested.

2. Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.

The MCSAO Victim/Witness Program has been in operation since 1981, and has been providing services to victims since that time. The Victim Advocate, a role that has been funded by

VOCA/ICIJIA since 2003, provides client-centered services to victims of violent crimes, including crisis intervention, follow-up contact, criminal justice support and advocacy, personal advocacy, and assistance with orders of protection/no contact orders. Victims are guided through all aspects of the criminal justice system for the duration of the case in which they are a victim. The advocate generates a report daily to identify victims that qualify for services through Victim/Witness, and for VOCA funded services. Victims are contacted immediately and then sent a packet of information that includes the Victims' Bill of Rights, Victim Impact Statement, Illinois Automated Victim Notification (AVN) pamphlet, Illinois Attorney General's Crime Victim's Compensation application and the Victim Advocate's contact information. Additional pamphlets may be provided depending on the nature of the crime and the victim's anticipated needs.

Victims are encouraged to contact the advocate with any questions, to help navigate the system, and for assistance with the items sent in the initial contact packet. Because of the importance of self-determination for victims, the level of involvement with the Victim Advocate and with the Victim/Witness Program is left up to the victim. At a minimum, follow up contact in the form of telephone and written communication regarding case updates are provided.

For victims who choose to have more extensive involvement with the Victim/Witness Program, a variety of services are available depending upon their needs:

- The Victim Advocate provides crisis intervention services, including de-escalation, emotional support, and guidance for victims who find themselves panicked by changes in the court status, changes in custody or bond for the perpetrator, crises in their home or personal lives as a result of their victimization, experiencing emotional or psychological issues as a result of the trauma of being victimized, or any other issue that may arise for which the victim seeks assistance. Stabilization of the victim's current state is the goal of*

the interaction, which may include bringing in other resources (such as the crisis team) depending on the degree to which the victim is in crisis. Crisis intervention services are available to victims at any time throughout the life of the case.

- *The Victim Advocate provides case management services to assist victims in identifying their needs and ensuring those needs are met. The Victim Advocate works with each victim to prioritize needs, identify resources to meet those needs, and map out strategic timelines for completion. The development of this case plan is used to develop rapport and a partnership with the victim, and to allow the victim to regain a sense of empowerment, stability, and control over the situation. It is a helpful tool in being able to check in with the victim, mark progress, discuss updates and changes, and provide guidance beyond the course of the case. Once the plan is in place, the Victim Advocate may provide any of the following services to assist in facilitating the completion of the victim's goals:*
 - *Personal advocacy and support including information and referrals to specialized services in the community to help meet personal needs (shelter, food, childcare, financial etc.) such as locating financial assistance, intervening with creditors and employers, locating housing, registering for the AVN, providing information and support regarding the Security Safety Act and Safe Home Act.*
 - *Personal advocacy and support including information and referrals to specialized services in the community to help meet therapeutic needs (behavioral health care including substance abuse, mental health, and/or trauma services), such as working with domestic violence or sexual assault advocates, finding counseling or trauma treatment providers, referring for substance abuse assessment and*

treatment, or other needs as they arise.

- *Criminal justice advocacy and support, including case appearance notifications, court escort, court related support, assistance with completing the Attorney General's Victims Compensation Application, assistance in writing a Victim Impact Statement, assistance in obtaining civil and criminal protection orders, or other assistance based upon the requests and needs of the victim.*
- *The Victim Advocate provides ongoing emotional support to the victim throughout the course of the case.*

3. Project the number of clients to be served during the grant period. Explain and justify this projection.

The MCSAO projects that 775 victims will be served this grant year. This number was the number of victims served in the last year by the MCSAO Victim/Witness Advocate, funded through VOCA.

4. Describe known barriers to victims accessing victim services and how your agency will address these.

A lack of understanding or distrust of the court system and dependence upon or fear of retribution can cause many victims, particularly of violent crime, to fail to follow through with the prosecution process. A quicker response from victim services and a coordinated effort from law enforcement and the MCSAO can increase victim understanding and reduce fear of the court system. The MCSAO will continue to utilize evidence based prosecution so that victim cooperation is less necessary to successfully prosecute cases. We will also continue to work to ensure that victim needs are met and respected when possible without compromising the integrity of the case.

Many victims are unaware of or do not participate in services available through the

MCSAO Victim/Witness. This occurs, in part, due to a lack of understanding of the programs available and fear of the unknown. Budget cuts to many violence prevention and intervention agencies increase the likelihood that some victims will go unserved because services are less available. We will continue to reach out to victims to educate them about our services. We will continue to utilize the Mid-Central Community Action advocates to assist victims who come to the courthouse for DV related issues. The MCSAO will also continue to offer education and outreach to the general community to let them know that services exist.

The Hispanic community has grown by nearly 40% in the last decade in McLean County through immigration, relocation, and birth. However, the majority of service providers still do not have Spanish speaking personnel. While there are agencies that provide bilingual and/or translation services, there simply are not enough qualified bilingual service providers to meet the ever-increasing need. The MCSAO will continue to have translators present in meetings with victims and witnesses and for prosecution, and will continue to address these issues with the Criminal Justice Coordinating Council to determine what each agency can do to help ensure Spanish speaking victims receive services in their native language. All translators are provided through the Circuit Court.

5. Describe how the program design will incorporate trauma-informed care, as described in Attachment 1 of the Notice of Funding Opportunity.

All Victim/Witness staff will be trained in SAMHSA's "How Being Trauma-Informed Improves Criminal Justice System Responses". McLean County currently has a certified trainer for this program that can provide the training for free.

6. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.

Upon case termination, the Victim Advocate will meet with the victim to discuss the case plan and determine how the remaining goals can be achieved utilizing community based services. The plan will be updated and finalized and the Victim Advocate will provide referrals to outside agencies, as agreed upon with the victim, to ensure the remaining needs are met.

7. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

While no specific collaborative partners are being funded through or contracted with in this VOCA program, the program does collaborate on a regular basis with criminal justice and community partners to improve responses to victims. The Victim Advocate is a member of both the Sexual Assault Task Force and the Domestic Violence Coordinated Community Response Team. These multidisciplinary teams collaborate to improve criminal justice responses to sexual assault and domestic violence in McLean County. Partners from law enforcement, prosecution, probation, and victim services meet to discuss cases, evaluate protocols, and ensure victim safety throughout the justice process. The Victim Advocate is also an active member of the Illinois Prosecutor Based Victim Assistance Association (IPBVAA).

8. Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program.

**Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.*

Crime Victims Compensation brochures and informational posters are placed in highly visible public areas of the office. Written contact regarding Crime Victims Compensation is made with all victims, and telephone or personal contact is made with victims when possible.

Crime Victim Compensation may be explained to the victims multiple times throughout their case as necessary for understanding and completion of the application process. Assistance may also be given with the application process. All victims receive a copy of the application with information regarding restitution and indictment.

E. Staffing Plan

1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.

Victim Advocate. The Victim Advocate, located in the State's Attorney's Office in the McLean County Law and Justice Center and housed in the Victim/Witness Program, provides comprehensive advocacy and case management services for victims of violent crime. The Victim Advocate provides crisis intervention, case assessment and planning, information and referral, criminal justice advocacy, personal advocacy, and ongoing emotional support for all victims on the caseload. The Victim Advocate is full time (1.0FTE) and spends 100% of that time on VOCA funded activities. The Victim Advocate reports directly to the Victim/Witness Program Director, who manages the program, and the program as supervised by the First Assistant State's Attorney. This position has been 100% VOCA funded for 13 years.

Victim/Witness Program Director. The Victim/Witness Program Director, located in the State's Attorney's Office in the McLean County Law and Justice Center and housed in the Victim/Witness Program, provides oversight for the Victim/Witness Program, supervises all victim advocates in the program, acts as a liaison for the program with other criminal justice agencies, and also carries an advocacy caseload. The Victim/Witness Program Director is full time (1.0FTE) and spends 15% of that time on VOCA funded activities. The Victim/Witness Program Director reports directly to the First Assistant State's Attorney.

2. What are the primary qualifications of program-funded staff (education, language skills, etc.)?

Victim Advocate. The Victim Advocate (classified as a Legal Assistant II) must possess a Bachelor's degree from an accredited college or university, preferably with major coursework in criminal justice, sociology, social work, or related field; have 2-4 years' experience in public contact work, including providing guidance and advice to the public; or any equivalent combination of education and experience that would provide the above noted knowledge and abilities. The Victim Advocate must also go through victim advocacy training, including ICADV approved 40-hour training and ICASA approved 40-hour training, although this may occur post-hire. There are no language requirements as translation services are available for any language.

Victim/Witness Program Director. The Victim/Witness Program Director must possess a Bachelor's degree from an accredited college or university, preferably with major coursework in criminal justice, sociology, social work, or related field; have experience in a Victim/Witness assistance program or public contact work providing guidance and experience that would provide the above knowledge, skills, and abilities. There are no language requirements as translation services are available for any language.

3. Describe how cases are coordinated and supervised within the agency.

McLean County has the benefit of an Integrated Justice System that allows all criminal justice partners to utilize the same database. The police departments use IJS to notify the State's Attorney's Office of arrests and non-arrest cases sent over for charging decisions. Those are processed by the Intake Officer and a victim report is generated in IJS for Victim/Witness. The VOCA funded advocate then pulls the report and screens each case to determine which advocate's caseload a case will go to. The VOCA funded advocate takes all violent felony cases

for advocacy. Another advocate manages all of the misdemeanor cases. A third advocate manages property and other non-violent felonies. The V/W Director manages the advocates, administrative tasks, and higher level advocacy functions.

4. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

McLean County has been the recipient of two SAMHSA grants since 2011, and under these grants had staff trained as trainers in SAMHSA's "How Being Trauma Informed Improves Criminal Justice System Responses" program. "How Being Trauma-Informed Improves Criminal Justice System Responses" is a one-day training for criminal justice professionals to increase understanding and awareness of the impact of trauma, develop trauma-informed responses, and provide strategies for developing and implementing trauma-informed policies. The State's Attorney's Office will coordinate with the Court Services Department to hold a training for all Victim/Witness staff.

4. What other training needs have you identified for staff funded under this program?

The Victim Advocate would benefit from a national training on victim advocacy to stay informed on the most up to date evidence based victim advocacy services and interventions.

5. How will you address those training needs? If you are unable to address those needs, please explain why.

We will request funds for the training through the VOCA grant.

6. Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.

The State's Attorney's Office utilizes unpaid interns, but does not utilize regular community volunteers. This is due to the sensitive, legal, and confidential nature of criminal

prosecution. Anyone that works in the office, paid or unpaid, must pass a background check, sign multiple confidentiality agreements, and have very specific training. This makes community volunteers difficult to manage. By utilizing interns, they have an additional incentive (school) to remain for a minimum of a semester, which makes the time and training investment reasonable for the SAO. Interns do not directly assist the Victim/Witness Program.

- Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent** |
|---|-------------------------------------|--------------------------------------|---------------------------------------|
| <i>Example: Volunteer Coordinator</i> | .50 | 100 | .5 |
| <i>Example: Advocate</i> | .75 | 50 | .375 |
| Victim Advocate | 1.0 | 100 | 1.0 |
| Victim/Witness Program Director (match) | 1.0 | 25 | .25 |
| | | | |
| TOTAL | 2.0 | | 1.25 |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted if application is funded.

F. Implementation Schedule

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

The McLean County SAO Victim/Witness VOCA program is already up and running, therefore there are no start-up tasks to complete.

| Task | Staff Position Responsible | Date Due |
|---|-----------------------------------|-----------------------------------|
| <i>Example: Hire Staff</i> | <i>Program Administrator</i> | <i>Month One</i> |
| <i>Example: Train Staff</i> | <i>Training Coordinator</i> | <i>Month One</i> |
| Revise data collection systems to accommodate the new reporting format | <i>Victim Advocate</i> | Month One |
| Maintain data collection and statistical information for the services provided to each victim | Victim Advocate | Month One, then ongoing |
| Provide Victim Advocacy Services, including crisis intervention, case management, and ongoing emotional support | Victim Advocate | Month One, then ongoing |
| If applicable, submit subcontract to Authority for review and approval | N/A | |
| Submit quarterly data report to the Authority | Victim Advocate | 15 th of every quarter |
| Submit quarterly fiscal reports to the Authority | Victim Advocate | 15 th of every quarter |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

The following objectives were determined by examination of the past year's numbers.

Some of these items are not currently tracked, therefore there was no way to predict, other than anecdotally, how many clients would receive services or how many times. This year can serve as a baseline for those totals. Additionally, some of the services are provided directly by the VOCA funded advocate, but others are provided by other advocates and/or the director (i.e., transportation) due to distribution of duties.

Tracks I and II Goals, Objectives, and Performance Measures:

| Goal: To provide advocacy services to victims of crime. | |
|--|---|
| Objective | Performance Measure |
| <i>SCREENING</i> | |
| # <u>1600</u> victims screened for eligibility by your agency. # <u>775</u> clients will be provided services by your agency. | # of victims screened for eligibility by your agency. # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred. # of clients provided services by your agency. |
| <i>INFORMATION & REFERRAL</i> | |
| # <u>1600</u> clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. 1 per misdemeanor case, 2 per felony case |
| # <u>1600</u> clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. 1 per misdemeanor case, 2 per felony case |
| # <u>75</u> clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred. # of times staff provided referrals to other victim service providers. |
| # <u>75</u> clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # of clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, supports, and resources. |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| # <u>0</u> clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| # <u>40</u> clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| # <u>50</u> clients will receive assistance intervening | # of clients provided with assistance intervening |

| | |
|---|---|
| with an employer, creditor, landlord, or academic institution. | with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |
| # <u>0</u> clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance. |
| # <u>15</u> clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. Generally 2-3 times per case |
| # <u>10</u> clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| # <u>0</u> clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # <u>0</u> clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # <u>0</u> clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| # <u>55</u> clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. Generally 1 to 3 per client |
| <i>SHELTER/HOUSING SERVICES</i> | |
| # <u>0</u> clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |

| | |
|---|---|
| | # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE | |
| # <u>775</u> clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | # of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events. |
| # <u>40</u> clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # <u>40</u> clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| # <u>0</u> clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |
| # <u>25</u> clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. Generally 1-5 times per client |
| REQUIRED TRAININGS | |
| # <u>4</u> staff will receive training on trauma | # of staff trained # of trainings on trauma held |

Additional Track II Goals, Objectives, and Performance Measures:

| | |
|---|---|
| REQUIRED TRAININGS | |
| # ____ of individuals interviewed to become a CASA volunteer. | # of individuals interviewed to become a CASA volunteer. # of individuals offered a volunteer CASA position. |
| # ____ of volunteer trainings to be held. | # of volunteer trainings held. # of volunteers trained. |
| # ____ of current CASA volunteers. | # of current CASA volunteers. |
| # ____ of cases to be reviewed and assigned to advocates. | # of cases reviewed and assigned to advocates. # of clients served by advocates. |

| | |
|--|--|
| | # of supervision meetings held with advocates. |
|--|--|

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
 Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is _____%

5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|---------|
| Period Covered by the NICRA: | _____ |
| Approving Fed/State Agency (please specify): | _____ |
| The Indirect Cost Rate is: | _____ % |
| The Distribution Base is: | _____ |

| | | | |
|---|---|---|---|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: McLean County | DUNS#: 057428943 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: January 1 - December 31, 2018 |

If you are required to provide or volunteer to provide cost-sharing, matching funds, other funding or contributions to the project, these should be shown for each applicable budget category. All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." Please read all instructions before completing form.

SECTION B -- MATCH FUNDS

| Program Revenues | Year 1 | | | |
|---|--------|--|--|--|
| Grantee Match Requirement: ___% (ICJIA to populate only if match is required) | | | | |
| (b). -Cash | | | | |
| (c). -Non-cash | | | | |
| (d). Other Funding & Contributions | | | | |
| NON-STATE Funds Total | \$ - | | | |

BUDGET SUMMARY MATCH FUNDS

| Budget Expenditure Categories <small>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</small> | Year 1 | | | |
|---|-----------|--|--|--|
| 1. Personnel (Salaries & Wages) 200.430 | \$ 10,350 | | | |
| 2. Fringe Benefits 200.431 | \$ 5,592 | | | |
| 3. Travel 200.474 | \$ - | | | |
| 4. Equipment 200.439 | \$ - | | | |
| 5. Supplies 200.94 | \$ - | | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | \$ - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | \$ 15,942 | | | |
| 17. Indirect Costs* (see below) 200.414 | | | | |
| Rate: _____ % Base: _____ | \$ - | | | |
| 18. Total Costs NON-ICJIA (Match) Funds (lines 16 and 17) | \$ 15,942 | | | |

| | | | |
|---|--|---|--|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: McLean County | DUNS#: 057428943 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: January 1 - December 31, 2018 |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

| Implementing Agency | | Program Agency |
|---|---|---|
| McLean County Name of Applicant Institution/Organization | McLean County Name of Applicant Institution/Organization | McLean County State's Attorney's Office Institution/Organization |
| _____ Signature | _____ Signature | _____ Signature |
| Rebecca O Neil Name of Official | John McIntyre Name of Official | Jason Chambers Name of Official |
| Treasurer Title Chief Financial Officer (or equivalent) | County Board Chair Title Executive Director (or equivalent) | State's Attorney Title Executive Director (or equivalent) |
| _____ Date of Signature | _____ Date of Signature | _____ Date of Signature |

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | |
|--|------------------------------|----------------|--|--|
| Grantee (or Subgrantee) DUNS: | 57428943 | | | |
| Grantee (or Subgrantee) Name: | McLean, County of | | | |
| Grantee (or Subgrantee) DBA: | McLean County | | | |
| Grantee (or Subgrantee) Address: | 115 E Front Street, Room 401 | | | |
| City: | Bloomington | State: | IL | Zip+4: 61701-2400 Congressional District: 13 |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | |
| City: | Bloomington | State: | IL | Zip+4: 61701-2400 Congressional District: 13 |
| Grant #: | Award Amount: \$ | | Project Period: January 1 - December 31, 2018 | |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | |
| CSFA Short Description: VOCA FFY16 | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | |
| Yes <input checked="" type="checkbox"/> If yes, you are not required to provide data. | | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | |
| Please provide names and total compensation of the top five officials: | | | | |
| Name: | | Amount: | | |

Section C - Budget Worksheet & Narrative

1). **Personnel (Salaries & Wages)** (2 CFR 200.430) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Name | Position | Computation | | | | Federal/State Amount | Match | Total Cost |
|--------------------------|--|----------------|---------------------|-----------|------------------------------|----------------------|---------------------|---------------------|
| | | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Quantity (based on Yr/Mo/Hr) | | | |
| <i>Garnetta Schaefer</i> | <i>Victim Advocate</i> | \$ 38,400 | Year | 100.00% | 1.00 | \$ 38,400 | | \$ 38,400 |
| <i>Jennifer Gant</i> | <i>Victim Witness Program Director</i> | \$ 41,400 | Year | 25.00% | 1.00 | | \$ 10,350 | \$ 10,350 |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| Total | | | | | | \$ 38,400.00 | \$ 10,350.00 | \$ 48,750.00 |

Personnel Narrative:

- The Victim Advocate conducts in-person and telephone crisis counseling, intervention, emotional support and guidance. Personal advocacy is provided during every stage of the criminal justice process. This includes making the victim aware of their rights, providing case status updates, providing court escorts, assisting with property return and providing disposition information. Further personal services provided to victims include immediate advocacy on cases when electronic monitoring is ordered as a condition of bond. The Victim Advocate informs the victim that the order has been entered by the judge, what the specific conditions/restrictions of the court order are, whether the electronic monitoring is because of an order of protection or as a condition of pre-trial release, and verifying the victim's contact information (when possible) to ensure victim notification upon any offender violations of the electronic monitoring order. Additionally the Victim Advocate works with the victim to fill out a victim impact statement and/or file for financial assistance through the Attorney General Crime Victim's Compensation fund when applicable. The Victim Advocate is 1FTE, 100% on VOCA funded activities. The Victim Advocate's salary is \$38,400 annually, all of which will be paid from Federal funds.
- The Victim/Witness Program Director supervises the Victim Advocate and other Victim-Witness staff, monitors grant and quarterly reporting, confirms victims and witnesses for court appearances, secures information relevant to civil processes on criminal cases, makes referrals to community agencies, and assists with compensation claims and restitution. The Victim/Witness Program Director is 1FTE, 25% on VOCA funded activities. The Victim/Witness Program Director's salary is \$41,400 annually, 25% of which (\$10,350) will be match funds for the VOCA program.

Section C - Budget Worksheet & Narrative

5. Supplies (2 CFR 200.94) --List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Supply Items | Computation | | | Federal/State Amount | Match | Total Cost |
|--------------|-----------------------|------|---|----------------------|-------|------------|
| | Quantity/ Duration | Cost | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| <i>Total</i> | | | | \$ | - | \$ |
| | | | | - | \$ | - |
| | | | | \$ | - | \$ |
| | | | | - | \$ | - |

Supplies Narrative:

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| <i>None</i> | | | | | \$ - |

Indirect Cost Narrative:

N/A

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Signature

Name of Official

Title
Chief Financial Officer (or equivalent)

Date of Signature

Institution/Organization

Signature

Name of Official

Title
Executive Director (or equivalent)

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|---------------------------------------|------------------------------------|----------------------------|----------------------------|
| <i>1. Personnel</i> | \$ 38,400.00 | \$ 10,350.00 | \$ 48,750.00 |
| <i>2. Fringe Benefits</i> | \$ 12,780.00 | \$ 5,592.00 | \$ 18,372.00 |
| <i>3. Travel</i> | \$ 1,678.00 | \$ - | \$ 1,678.00 |
| <i>4. Equipment</i> | \$ - | \$ - | \$ - |
| <i>5. Supplies</i> | \$ - | \$ - | \$ - |
| <i>6. Contractual Services</i> | \$ 600.00 | \$ - | \$ 600.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <i>16. Indirect Costs</i> | \$ - | \$ - | \$ - |
| <i>TOTAL PROJECT COSTS</i> | \$ 53,458.00 | \$ 15,942.00 | \$ 69,400.00 |

0.229712

| | | | | | |
|---|--|---|--|--|--|
| ICJIA Agency Approval | | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: McLean County | | DUNS#: 057428943 | | NOFO ID: 1474-361 | |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 | |
| | | | | Grant #: Project Period: January 1 - December 31, 2018 | |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.

4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.

5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.

- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|--|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|---|---|
| 22. | Legal Name | Mundelein, Village of |
| 23. | Common Name (DBA) | |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 36-6006012 |
| 25. | Organizational DUNS number | 092537364 |
| 26. | SAM expiration date | 10/09/2018 |
| 27. | SAM Cage Code | 49KB1 |
| 28. | Business Address | Street address: 300 Plaza Circle City: Mundelein State: Illinois County: Illinois Zip + 4: 60060+2400 |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|-------------------------|------------------------|
| 29. | First Name | John |
| 30. | Last Name | Lobaito |
| 31. | Suffix | |
| 32. | Title | Village Administrator |
| 33. | Telephone Number | 847-949-3200 |
| 34. | Fax Number | 847-949-3254 |
| 35. | Email address | jlobaito@mundelein.org |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|-------------------------|------------------------|
| 36. | First Name | Doug |
| 37. | Last Name | Haywood |
| 38. | Suffix | |
| 39. | Title | Finance Director |
| 40. | Telephone Number | 847-949-3200 |
| 41. | Fax Number | 847-949-3254 |
| 42. | Email address | dhaywood@mundelein.org |

Program Agency Information (If different from Implementing Agency.)**

| | | |
|-----|-----------------------------------|---|
| 43. | Legal Name | Mundelein, Village of |
| 44. | Organizational DUNS number | 017974408 |
| 45. | SAM expiration date | 10/09/2018 |
| 46. | SAM Cage Code | 5RNL8 |
| 47. | Business Address | Street address: 221 N. Lake St City: Mundelein State: IL County: Lake Zip + 4: 60060+2505 |

Program Agency: Person to be contacted for Program Matters involving this Application.

| | | |
|-----|-------------------------|-------------------------|
| 48. | First Name | Eric |
| 49. | Last Name | Guenther |
| 50. | Suffix | |
| 51. | Title | Chief of Police |
| 52. | Telephone Number | 847-968-4600 |
| 53. | Fax Number | 847-949-3254 |
| 54. | Email address | eguenther@mundelein.org |

Areas Affected**

| | | |
|--|---|---|
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | Village of Mundelein, Lake County, Illinois |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 10 th State Senate District: 30 th State Representative District: 51 st & 59 th |
| 57. | Primary Area of Performance | Village of Mundelein Police Department – Lake County, IL 60060+2505 |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 10 th State Senate District: 30 th State Representative District: 51 st & 59 th |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | Law Enforcement Victim Assistance Program – Village of Mundelein Victim Outreach & Advocacy Program |
| 60. | Proposed Project Term | Start Date: Jan. 01, 2018 End Date: Dec. 31, 2018 |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$ 75,993.00 <input type="checkbox"/> Budgeted Amount: \$ <input type="checkbox"/> Match: \$ 18,999.00 <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ Total Amount: \$ 94,992.00 Indirect cost rate: _____% |
| <p>Applicant Certification:</p> <p>By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.</p> <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p> | | |

| Implementing Agency Authorized Official (Director, President, Chair, or similar position) | | |
|--|--|-------------------------|
| 62. | First Name | John |
| 63. | Last Name | Lobaito |
| 64. | Title | Village Administrator |
| 65. | Telephone Number | 847-949-3200 |
| 66. | Fax Number | |
| 67. | Email address | |
| 68. | Signature of Authorized Representative | |
| 69. | Date Signed | 10/09/2018 |
| Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.) | | |
| 70. | First Name | Doug |
| 71. | Last Name | Haywood |
| 72. | Title | Finance Director |
| 73. | Telephone Number | 847-949-3200 |
| 74. | Fax Number | 847-949-3254 |
| 75. | Email address | dhaywood@mundelein.org |
| 76. | Signature of Authorized Representative | |
| 77. | Date Signed | 10/09/2018 |
| Program Agency Authorized Official | | |
| 78. | First Name | Eric |
| 79. | Last Name | Guenther |
| 80. | Title | Chief of Police |
| 81. | Telephone Number | 847-968-4600 |
| 82. | Fax Number | 847-949-3254 |
| 83. | Email address | eguenther@mundelein.org |
| 84. | Signature of Authorized Representative | |
| 85. | Date Signed | 10/09/2018 |

** ICJIA specific modification to GATA form

Mundelein Police Department, Lake Country, IL

PROGRAM NARRATIVE

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- County state's attorney
- County sheriff's department
- Local police department**
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Serve additional victim populations.
- Offer new types of services.**
- Continue existing services to crime victims.*

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

The Mundelein Police Department works closely with crime victims regardless if the case report involves a prosecutable offense. By means of brochures, handouts, case referrals from department employees, or referrals from another source, the Village of Mundelein is focused on victim services. In cases involving victim civil or criminal prosecutable cases, the police department works closely with the Lake County State Attorney's Office on all cases, particularly those cases involving crime victims.

Service referrals are mainly provided by employees or outside agencies issuing Victim Notification forms or by providing brochure/handouts for the service entity.

Mundelein Police Department, Lake Country, IL

For cases that are criminally prosecuted, the Lake County State's Attorney victim advocate coordinate services and the police employees collaborate on the case and services recommended.

Examples of current methods to coordinate these activities include the following:

- Use of Victim Assistance Notification form
- Domestic Violence Screening Sheet
- Victim of Domestic Abuse-Emergency Housing, Order of Protection
- Referral to OMNI Youth and Family Services,
- Referral to NICASA Behavioral Health Services (drug treatment services), LaCASA (Lake County Council Against Sexual Assault), and Zacharias Sex Abuse Center in Gurnee, IL.
- Juvenile/Parent lockout through OMNI Youth Services and Department of Children and Family Services (DCFS)
- A Way Out (A program for substance use disorder, developed in Mundelein)
- Prairie State Legal and Elder Abuse Resources

The Village of Mundelein coordinates and refers crime victims and people who need assistance with the agencies noted above. These referrals are completed by the patrol officers and supervisory staff. The lack of resources does not allow the police department to conduct follow ups and referrals for all situations.

Mundelein Police Department, Lake Country, IL

A. Statement of Problem

- 1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.**

The Mundelein Police Department is extremely excited about the opportunity to participate in this year's VOCA application process. This is the first time ever that an open, competitive application process has been available to our department and we look forward to demonstrating the true need our department and community has for victim advocacy.

Mundelein is facing a community heroin epidemic while continuing to see the numbers of domestic violence, sexual assaults, child abuse/neglect incidents and mental health cases continue to trend upward. The police call volume is higher than current services can manage. The number of victims that could receive services is limited by the scarcity and location of those services. Language barriers and victim resources to access services are problematic in Lake County.

The overall crime index went from 61.4 in 2014 to 72 in 2015. Rape cases increased from 3 in 2014 to 10 in 2015. In 2016 the following are the number of incidents for services related to this proposal occurred for a population just above 31,000:

- 86 Domestic Battery arrests
- 281 Domestic Disputes
- 51 Suicidal Subjects
- 55 Mental Other

Mundelein Police Department, Lake Country, IL

- 15 Sexual Abuse/Assault
- 4 Child Abuse/Neglect
- 80 Assist for Substance Abuse

The community based and Lake County victim services are scattered around the county with some being nowhere near Mundelein. This further complicates the issues of access for crime victims who are often suffering from poverty and have limited means of travel and access to resources toward those scattered resources. Resources to help victims are scarce or very far away from the residents of Mundelein. Much of the resources through the Lake County State's Attorney are centered in Waukegan, 17 miles away. Unable to access those services, victims and those needing counseling do not obtain services or treatment.

Language is also a barrier to the residents of Mundelein where 32% of residents are Hispanic/Latino and many do not speak English. Data indicated that 42.3% of residents speak another language other than English. Mundelein data indicates that 35% of crimes involves the Hispanic/Latino Mundelein population. Poverty impacts people who live in Mundelein. The percentage of individuals in poverty is 6.6% with families in poverty at 5.8%.

2. Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.

Strengths

- One strength Mundelein has is the commitment to the highest standards in Law Enforcement. The police department has a high level of accountability and standardization of service to the community through the Commission on

Mundelein Police Department, Lake Country, IL

Accreditation for Law Enforcement Agencies (CALEA).

- Mundelein police have achieved accreditation for the last 17 years and has reached the Gold Standard with excellence for police agencies. CALEA requires our police agency to review and analyze community violence, set strategies to reduce impact of violence, set a strategic plan to provide victim services and form partnerships to provide those resources if the municipality has the resources to provide those services.
- Strength two is the Mundelein Police Department's focus and intentional purpose to strengthen trusting relationships with the Hispanic/Latino community. The focus of all officers and our training is to be trust worthy first, allowing people who live in Mundelein, regardless of language barrier, to trust the department's intentions to help. The police department personnel created first ever Latino Citizen Police Academy designed to build relationships with our Latino residents, teach law enforcement process and develop relationships of mutual respect and trust.
- Strength three is a strong sense of trust between the police and the community. The police department is very involved in making Mundelein a community of choice by all people as demonstrated in this in section B.1. of this application.

Challenges

- One challenge continues to be cultural diversity. This includes the social norms, customs and beliefs. Helping all people learn in grow in culture competencies is a challenge, but one we seek to overcome.
- A second challenge is the availability of funding based on median level of income,

Mundelein Police Department, Lake Country, IL

tax revenue (corporate, sales, property) in Mundelein. Providing adequate victim services depends on revenues.

- The startup costs and the cost to maintain an increase in these levels of services has not been possible and will not be possible without a grant to get this program moving forward.
- A third challenge is public transportation that is scarce and inaccessible to sections of our community.
- Fourth, despite our consistent outreach and education efforts, many sectors of minority communities are extremely afraid of the police due to fear of deportation. Having a victim advocate would likely increase the help-seeking behaviors of the community, therefore increasing access to victim services and reporting of violent crimes that occur behind closed doors.
- Fifth, recognizing the needs of victims of crimes involving domestic violence and sexual abuse, the likelihood that a victim will encounter challenges in obtaining qualified trauma therapists that are free of cost to them and can offer appointments without waiting lists, is very low. With VOCA funding, our victim advocate could potentially impact this barrier.

The challenges are the focus of this funding request and the intentional manner in which this proposal was developed.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

Mundelein Police Department, Lake Country, IL

1. Please provide a *brief* description of your entire organization, including unit descriptions and staffing.

Mundelein was incorporated in 1909 and currently has a population of 31,394 residents.

The Mundelein Police Department employs 54 sworn officers and 16 civilian personnel. The department plans to use the VOCA funded victim advocates as liaisons for the community due to the village makeup and public demand for these types of services. The current operating budget is approximately \$10 million dollars. The department is a 24 hour a day operation and successfully handles over 25,000 calls for service each year. Despite the village's budget constraints, the police department and its entire staff are dedicated to serving and assisting the people of this community.

The team works diligently to make Mundelein a safe place to live and work by forming partnerships with its citizens and businesses. Officers are committed to providing the highest quality of police services to ensure that residents feel safe and protected in the community. Good customer service is one of the department's highest priorities. The Mundelein Police Department's ongoing commitment is to assist residents in preventing crime and fostering positive relations between the community and the police department. Each member of the Mundelein Police Department acknowledges a proprietary interest in his/her assignment and his/her important role in crime prevention. All Mundelein police officers are involved and responsible for victim advocate services, referrals and follow ups. Officers and administration continue to collaborate and coordinate police protection services with the community agencies in the area and the court services offered by the Lake County court house. One of the primary service agencies in the area is OMNI Youth and Family services. Mundelein police is a community policing agency and our

Mundelein Police Department, Lake Country, IL

belief is to serve and build relationships of trust. Mundelein was awarded America's Top 100 safest Cities in 2014, 2015, 2016 and 2017.

The police department conducts a bike safety program, child safety seats, holiday safety, Save a Star drug program and the Yellow Dot program.

These are crime prevention programs that have been conducted for many years. The following are examples of the police departments outreach in the community that will strengthen our ability for a significant impact of a full-time crime victim advocate:

- Latino Citizen Police Academy – the first of its kind in Lake County, the LCPA is a ten-week program designed to provide Latino residents with a better understanding of how the police department and other agencies work together. A total of seven academies have been held since 2014 averaging between 32 and 55 people.
- Gang Resistance Education – taught to all sixth-grade students, featuring life skills and making good choices in day-to-day decisions.
- Junior Police Academy –the academy, taught by the Carl Sandburg Middle School Liaison Officer, was offered to 33 sixth, seventh, and eighth grade students as a part of District 75's summer scholars program. The program's curriculum is designed to give students the opportunity to experience life as a police officer in an academy setting.
- Police Chaplain Program – recruits local ordained ministers of varying denominations and currently has two volunteer chaplains, Jon Edstrom and Thomas McArthur, who respond to varying calls for service such as critical incidents and death notifications.

Mundelein Police Department, Lake Country, IL

- School Liaison Programs – liaison officers are assigned to the High School and Carl Sandburg Middle School. These programs have been in place for 21 years and 18 years respectively with a core component being to attempt to breakdown any barriers that exist between students and Police.
- Senior Citizen Police Academy – In 2016, 11 participants attended the ten-week program designed to provide an understanding of police operations geared towards the needs of seniors.
- Women’s Self Defense Classes – In 2016, 86 adult participants and 100 Carl Sandburg students took the course.
- Citizen Police Academy Alumni Association –assists and supports the Mundelein Police Department in its overall mission by promoting awareness through volunteerism. 116 members – 25 active participants.
- Citizen Police Academy – An academy was held in the spring of 2016 and 26 individuals experienced first-hand what officers encounter on a daily basis.
- DARE – The assigned officer visits each school once a week for 14 weeks involving fifth-grade students in a variety of exercises and providing children the skills to recognize and resist pressures that cause them to experiment with drugs and alcohol.
- Community Policing initiatives were continued with citizen contacts (3,073 since September 1, 2013) and park checks (10,165 since September 1, 2013).
- Continued leadership training by sending department supervisors to Northwestern University Executive Management Program and Northwestern University Staff and Command Classes.

Mundelein Police Department, Lake Country, IL

- Shop with a Cop – in 2016, 55 children participated and a record number of donations \$6,900 were received.
- Participated in Operation Stand Down – a Veterans’ Assistance program to collect coats and cold weather clothing to be distributed to veterans and their families who are in need.
- Renewed school contract with Fremont District 79 for the fee-based DARE service contract and extended services to St. Mary of the Annunciation.
- Safe and Smart discussions – these discussions are designed to address community and law enforcement relationships. These are held at the high school and are attended by hundreds of residents. Steve Lentz, Mayor, Village of Mundelein said, “I’m very proud that Mundelein’s Police Department and the Human Relations Commission are once again taking the initiative to open the lines of communication between law enforcement and the community by organizing this public forum. By doing so, Mundelein is poised to serve as a great example on how to improve relations between both groups. Positive police and community interaction is a national issue and it can be best addressed by taking a grassroots approach.”

2. What, if any, other victim services do your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.

Mundelein started a program named, ‘A Way Out’ for police officers working with participants seeking substance abuse treatment, provide screening, transportation to hospital and/or treatment facility. This program is coordinated with the local hospital and drug treatment screener

Mundelein Police Department, Lake Country, IL

agencies. The Mundelein police administration is committed to helping people with substance abuse disorder which will in turn help the families and long-term community health.

We have several crime prevention programs such as a summer safety camp, a holiday gift program for families with financial hardship to have presents for their children, we host two health and wellness fairs in the community, as well as a family services day where our police department celebrates the collaboration between the community and the department. In addition, we have a Crime Stoppers program as well as a Neighborhood Watch program with the Hispanic community to encourage calling the police when there is criminal activity taking place.

Once an individual is appointed to the victim advocate Services position (funded by VOCA), the above mentioned services will coincide with all other VOCA based service activities. In most cases the same individual will be responsible for overseeing or collaborating with other department members to ensure our residents and victims are aware of the many victim based services the department offers.

3. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

There are no current police department members solely dedicated to victim advocate services.

Currently 54 police officers and police department personnel are dedicated to provide victim advocate services on a 'when possible' basis as a high priority. This is one of the primary reasons why this grant is so important to the police department and the residents of this great community.

This proposal is requesting one employee solely dedicated to victim advocate services.

Administrative and support personnel are noted in this proposal but not included in the funding request.

Mundelein Police Department, Lake Country, IL

| Type of staff | Number of staff |
|--|------------------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 0 |
| Number of managerial staff | 0 |
| Number of administrative support staff | 0 |

- 4. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.**

The proposed program will be available to serve the entire Village of Mundelein, along with a portion of Lake County, Illinois outside our geographic boundaries based on other local area departments requesting our assistance or when an incident takes us to another community.

C. Agency Capacity and Experience

- 1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.**

Over the past 5 years Mundelein police have had specific focus on victim advocate services.

These services include those mentioned previously in this application.

The victim advocacy is done by all personnel but not specifically coordinated by one employee.

Currently the responding officers offer services to victims and depend on the victims for self-initiating services. We do not have the capacity to follow up or affirm victims have accessed services.

Mundelein Police Department, Lake Country, IL

Police case report data indicates the types of cases that should require victim advocacy:

- Domestic battery arrests – 86
- Domestic disputes –281
- Suicidal Subjects – 51
- Mental other – 55
- Sex Assault Invest. /Abuse Investigation – 15
- Child Abuse Investigation – 4
- Substance use referrals (A Way Out) - 80

The police department participates in the International Association of Chiefs of Police leadership in victim services award program. Mundelein is a small member agency that follow these accredited standards based program in police offices and police departments providing victim services. This program also provides training and training materials to ensure officers are following standards and procedures designed to have high impact to victims and those needing services. In 2010 they achieved national recognition for victim advocacy efforts, winning the International Association of Chiefs of Police Award for Enhanced Police Response to Victims.

2. If your agency not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.

The main focus is to assist victims of Domestic Violence and other victims of violent crimes.

Additional services provided are interpretation/translation for Hispanic/Latino and Eastern

European victims and their family, legal advocacy, assistance of compensatory claims,

cathastrophe counseling, emergency legal advocacy as well transportation to court in as needed

Mundelein Police Department, Lake Country, IL

basis. Other victims receive follow-up visits, and if needed additional referrals. This grant will allow for the assignment of one (1) fulltime employee dedicated to victim advocacy services.

The funding through this grant will ensure uninterrupted services be available to the residents of Mundelein that are affected by crime.

The Chief of Police will oversee this program and act as the direct supervisor of the Victim's Advocate Unit. The Chief will delegate the responsibilities of compiling quarterly reports, and overseeing caseloads to his administrative assistant.

Capacity building example includes "A Way Out" which is a Lake County, Illinois Law Enforcement Assisted Diversion pilot program, designed to fast-track users to substance abuse programs and services. This program is available 24 hours a day, 7 days a week at participating police departments across Lake County and ensures no criminal charges will be sought for those that may be in possession of narcotics or paraphernalia, as long as assistance is sought out by the prospective program participant. Addiction is a disease. "A Way Out" treats it like one. We want to help people struggling with substance abuse, not arrest them." - Chief Eric Guenther, Mundelein Police Department. "A Way Out" is a program developed by the Lake County Opioid Initiative to create additional treatment access points, reduce crime, reduce substance-related harms, re-frame the role law enforcement plays in community safety, and unite the community. For too long, substance use has been stigmatized and dealt with as a criminal issue. Substance use is a public health problem that needs to be addressed as such. Lake County Opioid Initiative is committed to developing innovative ways to create positive change in our community as it regards substance use and mental health.

Mundelein Police Department, Lake Country, IL

The program is set up so that participants will not be criminally charged. There is no need to fear arrest or prosecution for seeking participation in this program. You can find “A Way Out” in just a few easy steps:

1. Locate a participating police department
 2. Walk in through the main doors
 3. Tell an officer that you are requesting help
- 3. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.**

While this is the first opportunity that our department has had to competitively apply for a VOCA grant through ICJIA, we have had success in managing similar hiring grants for police officers. The department has remained exceptionally prudent in the pursuit of grant funding to ensure grant dollars are directed to those areas truly in need. That said, the experience in developing our victim advocacy program has provided benchmark experiences that indicate the expansion of the victim advocacy programs is necessary and will impact our safe community efforts and quality of life for all.

The police department is very capable of managing large quality and quantitative programs. The Commission on Accreditation for Law Enforcement Agencies (CALEA) and the International Chiefs of Police victim advocate program work demonstrate the police department’s ability to ensure detail specific and quality control policies, procedures, and award-winning programming. The administrative and support staff are well qualified to manage complex administration or programs and will ensure that all grant funded programs are completed timely, completely, and

Mundelein Police Department, Lake Country, IL

funded according to funding agency standards.

The police department is a community policing department that has received federal grant awards for both manpower and equipment. While not directly connected to victim advocacy services, the previously awarded COPs grants focus on Community Policing that in turn develops relations with our community that will ultimately help and support our victim services program we intend to offer through the VOCA grant.

The following is a list of recent grants and other initiatives the Village of Mundelein has been awarded and/or taken on which shows our ability to locate funding and meet all grantor requirements on an efficient and effective basis:

- CDBG funding for East Hawley Streetscape for \$80,000. The project is proposed in two phases at a cost of approximately \$400,000 in total.
- Received FEMA Grant –Assistance to Firefighters Operations and Safety Grant - \$40,910 to install cot lift and fasteners in two medical intensive care units (MICU).
- Received \$12,600 DAS Charitable Fund Grant to initiate Mundelein’s K-9 Unit.
- Received \$4,062.50 Justice Assistance Grant (JAG – Bulletproof Vest Partnership) to offset the cost of the department-issued bulletproof vests.

Mundelein has also received the Certificate of Achievement for Excellence in Financial Reporting by the Government Finance Officers Association of the United States and Canada (GFOA) for Comprehensive Annual Financial Reporting (CAFR) to Finance Director Haywood.

Mundelein Police Department, Lake Country, IL

4. **If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.**

Currently all victim advocate programs are completed by police officers during their normal duties. The use of grant funds will increase our ability to provide well organized, personal, follow up driven victim advocacy programs by one staff member. The ability to grow the services to crime victims will occur immediately. Our current relationships with victim advocacy program agency in the regional area will bring those service to Mundelein and to the police department building. VOCA funds will be dedicated to fund one social services worker and will be solely dedicated to all victim advocacy programs.

5. **Describe how your agency will financially sustain the program at the end of the three-year funding period.**

First, it should be noted that the program developed will be continuously monitored and data evaluated to ensure the effectiveness in services to victims. This focus on goals, data, and measurements will provide continuous improvements in services to ensure the most effective and efficient use of grant and local funds.

The three-year program will provide seed money to fully embrace the victim advocacy programs that are desperately needed in Mundelein. The Village leadership is dedicated to these programs. The police department budget will continue to sustain this program beyond grant funding based on the efficiency & effectiveness of the program and cost benefit analysis of the established goals and objectives.

Mundelein Police Department, Lake Country, IL

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state's attorney's offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:

a) How victims will be screened for eligibility,

The victim advocate will review all police reports to screen for victim services. Also, officers will use the current referral program and send those referrals to the new Mundelein victim advocate. These will streamline services and allow officers to spend more time patrolling and answering calls for service to the community. The screening process will include the following factors:

- Based on nature of incident person is involved with
- Based on whether there would be a duplication of service
- Based on whether available services have already been provided with no improvement
- Based on social worker qualification to provide service needed

b) How referrals will be made for services,

The new Mundelein victim advocate will make referrals to outside agencies and provide direct services to clients that are screened for services either through the victim advocate assessment or police officer referral. Referrals to outside agencies will be completed by the following:

- Direct by officers
- Via U.S. Mail
- Via Telephone

Mundelein Police Department, Lake Country, IL

- Via email
- School Resource Officers
- Public Relations Events

Referrals for services will also be made via citizen reports without an official police report and by referral basis without a reported crime to the police department. In other words, the funded new Mundelein victim advocate will be a full-service provider of referral base agency services, court advocate and direct services provider to residents of Mundelein. Residency is not a pre-determinant for services provided as the victim advocate will also work closely with area municipalities and the court advocacy understanding that not all crimes stop and start in Mundelein.

c) How services will be available for all victims of crime,

The primary purpose of this program is to assist victims of domestic violence, as well as victims of violent crimes while complementing the role of the police department (to serve, protect and enforce laws). Expanding the department's services - catastrophe counseling, emergency legal advocacy, translation for victims and their families, and assistance in the filing of compensatory claims, through victim's advocacy provides an outlet to the community to reach out to the police department in a non-traditional manner. The Mundelein police social worker/victim advocate will be a full-time position with the purpose of youth and family development with a mission to develop responsible youth, strengthen families, and mitigate substance abuse and service to victims of crimes. These services will be provided at the Mundelein Police Department, in the community, or at the home of the family/individual referred. The job description is as follows:

1. The crime victim advocate will make contact when safe and appropriate with crime victims

Mundelein Police Department, Lake Country, IL

needing assistance either by phone, in person or through mail correspondence.

2. The crime victim advocate will be accessible for crisis intervention for victims of crime on a 24-hour basis.
3. The crime victim advocate will act as a liaison between crime victims and the police department.
4. The crime victim advocate will act as a court advocate for victims of violent crimes.
5. The crime victim advocate will work with clients involved in the 'Way Out' program.
6. The crime victim advocate when required will transport the victim to court along with appropriate police reports and assist victim in the acquisition of an order of protection.
 - a. Answer questions by phone or in person regarding victim's rights.
 - b. Responsible for facilitating Support for victims of Domestic Violence in Spanish.
 - c. Prepare, translate and distribute informational brochures throughout community regarding services provided by VOCA funded program.
7. The crime victim advocate will prepare and submit all reports necessary for VOCA grant funding.
8. The crime victim advocate will provide all other services requested by the Chief of the Mundelein Police Department.

d) Location of victim service staff within law enforcement agency or state's attorney's office, and

If approved, the victim advocate will be in an office space directly off the first-floor lobby at the police department. The victim advocate will use the Crime Prevention office or Chaplain Room for meeting clients.

Mundelein Police Department, Lake Country, IL

e) **Coordination of services with other victim service staff.**

The victim advocate/social worker will become the main contact to all other service providers within the county, state, and federal government. The victim advocate will provide all resources and community partner connections for all clients and police department members. The victim advocate will be the point of contact for all Village employees regarding victim, counseling services and crisis response.

2. Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.

Mundelein police has been developing a focus on victim advocacy programs for the past five years. The department already understands the available resources and the county court system victim advocacy procedures and practices. The Mundelein police have developed an excellent relationship with OMNI Youth Service and other social service agencies in the region developing a working understanding on how to develop this program. OMNI Youth Services has excellent understanding and deep experience with the VOCA programs. Their assistance has been well received in Mundelein.

3. Project the number of clients to be served during the grant period. Explain and justify this projection.

In Mundelein the total calls for service that could be potentially served by the police social worker victim advocate include:

- 86 Domestic Battery arrests
- 281 Domestic Disputes

Mundelein Police Department, Lake Country, IL

- 51 Suicidal Subjects
- 55 Mental Other
- 15 Sexual Abuse/Assault
- 4 Child Abuse/Neglect

Considering these numbers of service opportunities, victim advocacy by police officers was conducted. The ability to follow up or provide direct services was limited. This proposal will resolve this need and accelerate our services to clients.

The estimate case load in the first year will likely exceed 500 people involved in the above cases with an estimated 45 people involved in the 'Way Out' program. Our expectation is that this case load will grow rapidly as people learn about the excellent victim advocate services we expect in Mundelein with the use of these grant funds and the sustainable future.

4. Describe known barriers to victims accessing victim services and how your agency will address these.

The known barriers the Mundelein Police Department has experienced include:

- Cultural differences - education, social media presence, citizen academies, community engagement
- Language - job description to require bi-lingual English/Spanish
- Knowledge/Awareness of available programs - continued education
- General time contribution – when calls for service are high, officers have little time for follow-up. A social worker will provide an opportunity for follow-up after a call for service.

Mundelein Police Department, Lake Country, IL

Overcoming these barriers has been our focus in the numerous community based programs initiated and sustained during the past several years. The addition of a full time social worker as victim advocate is expected to significantly overcome these barriers. However possible, the plan is to seek a Spanish speaking certified social worker to best serve our clients with efficiency and effectiveness.

5. Describe how the program design will incorporate trauma-informed care, as described in Attachment 1 of the Notice of Funding Opportunity.

Trauma informed care also includes an understanding of Adverse Childhood Experiences (ACE's). All department positions will be required to respond to or follow-up on all instance of domestic violence, victims of violent crime, those suffering with mental health and substance use disorders. The department will continue to seek professional development and train the trainer models that train other first responders on trauma informed care in turn improving overall service to the community.

Mundelein officers are trained in Crisis Intervention Team (CIT) response to best serve mental health and trauma stricken clients. This Illinois Law Enforcement Standards Board training provides officers with tools to defuse situations instead of escalating them. Trauma and mental health issues have strong similarities and officers equipped with proper training and tools will best serve those affected and their families, connecting them to long term services that are intended to mitigate the trauma experience or serve the client with the mental health services needed for the client and family.

Mundelein Police Department, Lake Country, IL

6. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.

The victim advocate/social worker will have latitude to provide service or referrals to victims for ongoing or issues not specifically related to the initial report and review initial responses and provide training or debrief for improved services. The victim advocate can receive referrals from outside of the police services.

The victim advocate will work with area social service agencies and receive referrals from other communities for residents of Mundelein impacted by crime in the region. The victim advocate will be the point person for the Village for victim services and crisis responses, serving as the Mundelein liaison to outside agencies.

7. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

Past and current partners include Illinois Association of Chiefs of Police for the victim advocacy programs noted in this application.

Mundelein also has a partnership with the Lake County courts and the Lake County 'Way Out' program. Over the years OMNI Youth Services and the local school social workers.

Each partner has provided training and direction on how to improve victim advocacy in Mundelein using current limited resources for the highest impact possible. These partners will remain key partners moving forward with or without grant funding. If the grant is approved and the full time social worker is funded, the expectation is that these services will expand and the relationships between the agencies and our collaborative capabilities will significantly increase services to victims and the community.

Mundelein Police Department, Lake Country, IL

8. Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General. *Please explain how your agency informs victims of the VOCA Victims' Compensation program.

***Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.**

The Mundelein Police Department and Village plan to do the following to notify and advertise the VOCA Victims Compensation program by:

- Advertise - Including this information in poster and literature about the Mundelein Victims Advocacy program.
- Website - Develop a web page attached to the village and police department about the victim advocacy program including links to the VOCA Victims Compensation program.
- Pamphlets - Include the VOCA Victims Compensation program information on all pamphlets and fliers about the victim advocacy program at Mundelein.
- Documents - Include the VOCA Victims Compensation program information on documents produced for the program that are used or distributed by Village or police employees to crime victims or people impacted by crisis.

E. Staffing Plan

1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.

The victim advocate police social worker will report to the deputy chief of the support services division of the police department. The job description is as follows:

1. The crime victim advocate will make contact when safe and appropriate with crime victims

Mundelein Police Department, Lake Country, IL

needing assistance either by phone, in person or through mail correspondence.

2. The crime victim advocate will be accessible for crisis intervention for victims of crime on a 24-hour basis.
3. The crime victim advocate will act as a liaison between crime victims and the police department.
4. The crime victim advocate will act as a court advocate for victims of violent crimes.
5. The crime victim advocate will work with clients involved in the 'Way Out' program.
6. The crime victim advocate when required will transport the victim to court along with appropriate police reports and assist victim in the acquisition of an order of protection.
 - a. Answer questions by phone or in person regarding victim's rights.
 - b. Responsible for facilitating support for victims of Domestic Violence in Spanish.
 - c. Prepare, translate, and distribute informational brochures throughout community regarding services provided by VOCA funded program.
7. The crime victim advocate will prepare and submit all reports necessary for VOCA grant funding.
8. The crime victim advocate will provide all other services requested by the Chief of the Mundelein Police Department.

Name of Position: Police Social Worker

Direct report to: Deputy Chief of Support Services

Budgeted time: Full time employee

Funding: VOCA grant (80%) and Village (20%)

Mundelein Police Department, Lake Country, IL

Location of office: Police department with access 24 hour per day

2.What are the primary qualifications of program–funded staff (education, language skills, etc.)?

The primary qualifications are as follows:

- BS in social work or counseling, MS preferred
- IL license in social work or counseling
- Training and experience in counseling in areas of crisis intervention, diagnostic assessment and treatment of domestic violence, substance abuse, grief, aging, juvenile delinquency and mental health.
- Bi-lingual in Spanish, required

3.Describe how cases are coordinated and supervised within the agency.

Cases will be coordinated by a daily report review by supervisors. Eligible reports will be forwarded to social worker for follow up. Under the direct supervision of deputy chief of support services, the police social worker will have access to review cases in CAD/RMS to identify potential contact opportunities. The department will also receive walk-in, referrals from family members, outside agencies and the court system for residents of Mundelein. The police social worker will work closely with police supervision to coordinate cases and caseloads.

4.Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

The police social worker victim advocate will attend training for trauma informed and trauma sensitive communities and the methods to develop and improve resiliency for victims of crime and

Mundelein Police Department, Lake Country, IL

their families. The social worker will be responsible as a train the trainer model to bring trauma informed care training to all department first responders (Fire, Police, and Dispatch) and support personnel. Roll call training will be conducted quarterly on topics of interest or outside services available. The social worker will provide presentations to community groups on services available and trauma informed care. The social worker will also coordinate with the officers trained in CIT parallels of training and resources for clients and families. Schools in Mundelein are also involved in trauma informed care and adverse childhood experiences that impact behavior and learning. The alignment of these resources will coordinate responses to families in crisis and families in need.

5.What other training needs have you identified for staff funded under this program?

Depending on the qualifications and background of the person hired for the position, the training will depend on what is noted above in qualifications, trauma informed care, CIT, and other community based organizational training to service victims of crime.

6.How will you address those training needs? If you are unable to address those needs, please explain why.

These training needs will be met with the police department providing the employee the time for the training while on duty and the training will be paid for by the department, not the grant application.

7.Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.

Mundelein police have an active and substantial volunteer program. Volunteers do the following:

Mundelein Police Department, Lake Country, IL

- Volunteers are used at Community Events - Fishing derby, National Night Out, Shop with a Cop, Turkey give away, and more.
- Assist with other outreach events: assist in distributing advertisement for department events
- All volunteers must attend and pass a Citizen Police Academy hosted by the police department prior to being recognized as a Mundelein Police Department Volunteer. The victim advocacy program and trauma informed care training will be folded into the citizen police academy training.

8. Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

Job descriptions and list of required training for the proposed victim advocate program is provided in summary within this application. A formal job description is in draft form and will be finalized for submission to VOCA if application is funded.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent** |
|-----------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| Victim Advocate | 1.0 | 100% | 1.0 |
| TOTAL | | | |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Mundelein Police Department, Lake Country, IL

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|--|-----------------------------------|-----------------------------------|
| Hire one staff | Victim Advocate | Month One |
| Train department staff | Training Coordinator | Month One |
| Develop CALEA based procedures for the position | Accreditation Manager | Month one |
| Develop literature that includes VOCA funding for the position | Chief of Police | Month one |
| Change the website announcing services and creating accessible pathways to services without police officer involvement | Chief of Police | Month Three |
| Submit quarterly data report to the Authority | Chief of Police | 15 th of every quarter |
| Submit quarterly fiscal reports to the Authority | Chief of Police | 15 th of every quarter |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professional services must include a provision requiring evaluation participation in each subcontract.

Mundelein Police Department is classified as a law enforcement agency and is in Track I. The

Mundelein Police with this position strive to do the following:

- Provide services to victims of reported crimes involving Domestic Violence, Sex Assaults and other crime of interpersonal violence.

Mundelein Police Department, Lake Country, IL

- Provide service to subjects suffering mental health, aging and substance abuse issues.
- Conduct public education events related to social services (parent class, teen program, citizen academy.)
- Provide in-house training to police department personnel on topical matters, including trauma informed care and encountering people with mental health needs.
- Attend all requisite training
- Increase trust with minority population by providing consistent bi-lingual contact for assistance.

Tracks I and II Goals, Objectives, and Performance Measures:

| Goal: To provide advocacy services to victims of crime. | |
|--|---|
| Objective | Performance Measure |
| SCREENING | |
| <p>Approximately 150 victims screened for eligibility by your agency.</p> <p>Approximately 150 clients will be provided services by your agency.</p> | <p>Actual # of victims screened for eligibility by your agency. Actual # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred.</p> <ul style="list-style-type: none"> • Referral to OMNI Youth and Family Services, • Referral to NICASA Behavioral Health Services (drug treatment services), LaCASA (Lake County Council Against Sexual Assault), and Zacharias Sex Abuse Center in Gurnee, IL. • Juvenile/Parent lockout through OMNI Youth Services and Department of Children and Family Services (DCFS) • A Way Out (A program for heroin addiction help develop in Mundelein) • Prairie State Legal and Elder Abuse Resources • And others <p>Actual # of clients provided services by your agency.</p> |

Mundelein Police Department, Lake Country, IL

| <i>INFORMATION & REFERRAL</i> | |
|--|--|
| Approximately 200 clients will receive information about the criminal justice process. | <p>Actual # of clients provided information about the criminal justice process.</p> <p>Actual # of times staff provided information about the criminal justice process.</p> |
| Approximately 500 clients will receive information about victim rights, how to obtain notifications, etc. | <p>Actual # of clients provided information about victim rights, how to obtain notifications, etc.</p> <p>Actual # of times staff provided information about victim rights, how to obtain notifications, etc.</p> |
| Approximately 500 clients will receive referrals to other victim service providers. | <p>Actual # of clients provided with referrals to other victim service providers.</p> <p>Please list the agencies to which you referred.</p> <ul style="list-style-type: none"> • Referral to OMNI Youth and Family Services, • Referral to NICASA Behavioral Health Services (drug treatment services), LaCASA (Lake County Council Against Sexual Assault), and Zacharias Sex Abuse Center in Gurnee, IL. • Juvenile/Parent lockout through OMNI Youth Services and Department of Children and Family Services (DCFS) • A Way Out (A program for heroin addiction help develop in Mundelein) • Prairie State Legal and Elder Abuse Resources • And others <p>Actual # of times staff provided referrals to other victim service providers.</p> |
| Approximately 500 clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | <p>Actual # clients provided with referrals to other services, supports, and resources.</p> <p>Actual # of times staff provided referrals to other services, supports, and resources.</p> |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| Approximately 100 clients will receive individual advocacy (e.g., assistance applying for public benefits). | <p>Actual # of clients provided individual advocacy (e.g., assistance applying for public benefits).</p> <p>Actual #of times staff provided individual advocacy (e.g., assistance applying for public benefits).</p> |
| Approximately 100 clients will receive assistance filing for victim compensation. | <p>Actual #of clients provided assistance filing for victim compensation.</p> <p>Actual # of times staff provided assistance filing for victim</p> |

Mundelein Police Department, Lake Country, IL

| | |
|--|---|
| | compensation. |
| Approximately 50 clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | Actual # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. |
| Approximately 50 clients will receive child or dependent care assistance. | Actual # of clients provided with child or dependent care assistance. Actual #of times staff provided child or dependent care assistance. |
| Approximately 25 clients will receive transportation assistance. | Actual # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| Approximately 25 clients will receive interpreter services. Victim advocate social worker is expected to speak Spanish | Actual # of clients provided with interpreter services. Actual #of times staff provided interpreter services. |
| Approximately 50 clients will receive employment assistance (e.g., help creating a resume or completing a job application). | Actual #of clients provided with employment assistance (e.g., help creating a resume or completing a job application). Actual # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| Approximately 10 clients will receive education assistance (e.g., help completing a GED or college application). | Actual # clients provided with education assistance (e.g., help completing a GED or college application). Actual # of times staff provided education assistance (e.g., help completing a GED or college application). |
| Approximately 10 clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | Actual # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). Actual # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| Approximately 50 clients will receive crisis intervention. | Actual # of clients provided with crisis intervention. Actual # of crisis intervention sessions provided by staff. |

Mundelein Police Department, Lake Country, IL

| <i>SHELTER/HOUSING SERVICES</i> | |
|---|---|
| Approximately 25 clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | Actual # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) Actual # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| Approximately 200 clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | Actual # of clients provided notification of criminal justice events. Actual # of times staff provided notification of criminal justice events. |
| Approximately 250 clients will receive victim impact statement assistance. | Actual # of clients provided victim impact statement assistance. |
| Approximately 50 clients will receive assistance with restitution. | Actual #of clients provided assistance with restitution. |
| Approximately 50 clients will receive civil advocacy/accompaniment. | Actual # of clients provided civil advocacy/accompaniment. Actual # of times staff provided civil advocacy/accompaniment. |
| Approximately 50 clients will receive criminal advocacy/accompaniment. | Actual # of clients provided criminal advocacy/accompaniment. Actual # of times staff provided criminal advocacy/accompaniment. |
| <i>REQUIRED TRAININGS</i> | |
| Approximately 65 staff will receive training on trauma | Actual # of staff trained Actual # of trainings on trauma held |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

- 1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

- 2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

- 2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

- 4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
 Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 Complies with other statutory policies (please specify) :

The Restricted Indirect Cost Rate is _____ %

- 5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|---------|
| Period Covered by the NICRA: | _____ |
| Approving Fed/State Agency (please specify): | _____ |
| The Indirect Cost Rate is: | _____ % |
| The Distribution Base is: | _____ |

| | | | |
|---|--|---|-----------------|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Mundelein, Village of | DUNS#: 092537364 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s)."

Implementing Agency

Program Agency

Village of Mundelein

Name of Applicant Institution/Organization

[Redacted]

Doug Haywood

Name of Official

Finance Director

Title

Chief Financial Officer (or equivalent)

10/12/2018

Date of Signature

Village of Mundelein

[Redacted]

John Lobaito

Name of Official

Village Administrator

Title

Executive Director (or equivalent)

10/12/2018

Date of Signature

Village of Mundelein Police Dept.

Institution/Organization

[Redacted]

Eric Guenther

Name of Official

Chief of Police

Title

Executive Director (or equivalent)

10/12/2018

Date of Signature

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | |
|--|-------------------------|--------------------------|--|
| Grantee (or Subgrantee) DUNS: | 92537364 | | |
| Grantee (or Subgrantee) Name: | Mundelein, Village of | | |
| Grantee (or Subgrantee) DBA: | | | |
| Grantee (or Subgrantee) Address: | 300 Plaza Circle | | |
| City: Mundelein | State: IL | Zip+4: 60060+2400 | Congressional District: 10th |
| Grantee (or Subgrantee) Principal Place of Performance: 221 N. Lake St | | | |
| City: Mundelein | State: IL | Zip+4: 60060+2505 | Congressional District: 10th |
| Grant #: | Award Amount: \$ | 75,993 | Project Period: Jan 01, 2018 - Dec 31, 2018 |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | |
| CSFA Short Description: VOCA FFY16 | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | |
| Yes <input checked="" type="checkbox"/> If yes, you are not required to provide data. | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | |
| Please provide names and total compensation of the top five officials: | | | |
| Name: | | Amount: | |

Section C - Budget Worksheet & Narrative

3). **Travel** (2 CFR 200.474)-- Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. **NOTE:** Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the contractual category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

Column G ("Basis") defines the quantity being measured. For example, if your expense is two nights in a hotel, the basis is "Nights." If the expense is 300 miles, the basis is "Miles."

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Purpose of Travel (brief description) | Location | Computation | | | | | | Federal/State Amount | Match | Total Cost |
|--|----------|-------------|-----------|----------|-------|---------|------------|-------------------------|-------|------------|
| | | Items | Cost Rate | Quantity | Basis | # Staff | # of Trips | | | |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| Total | | | | | | | | \$ - | \$ - | \$ - |

Travel Narrative:

Implementing Agency Name: Mundelein, Village of

Grant #:

Section C - Budget Worksheet & Narrative

5). Supplies (2 CFR 200.94) --List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Supply Items | Computation | | | Federal/State Amount | Match | Total Cost |
|--------------|-----------------------|------|---|----------------------|-------|------------|
| | Quantity/ Duration | Cost | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| <i>Total</i> | | | | \$ - | \$ - | \$ - |

Supplies Narrative:

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| | | | | | \$ - |

Indirect Cost Narrative:

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Institution/Organization

Signature

Signature

Name of Official

Name of Official

Title
Chief Financial Officer (or equivalent)

Title
Executive Director (or equivalent)

Date of Signature

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|---------------------------------------|------------------------------------|----------------------------|----------------------------|
| <i>1. Personnel</i> | \$ 48,000.00 | \$ 12,000.00 | \$ 60,000.00 |
| <i>2. Fringe Benefits</i> | \$ 27,993.00 | \$ 6,999.00 | \$ 34,992.00 |
| <i>3. Travel</i> | \$ - | \$ - | \$ - |
| <i>4. Equipment</i> | \$ - | \$ - | \$ - |
| <i>5. Supplies</i> | \$ - | \$ - | \$ - |
| <i>6. Contractual Services</i> | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <i>16. Indirect Costs</i> | \$ - | \$ - | \$ - |
| TOTAL PROJECT COSTS | \$ 75,993.00 | \$ 18,999.00 | \$ 94,992.00 |

| | | | | | |
|--|--|---|--|--|--|
| ICJIA Agency Approval | | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Mundelein, Village of | | DUNS#: 092537364 | | NOFO ID: 1474-361 | |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | Grant #: | |
| | | | | State Fiscal Year(s): 18-19 | |
| | | | | Project Period: | |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)*. If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois, the applicant must either:

- A) Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note:** The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note:** See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.
4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.
5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.
- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

- A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.
- B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.
- C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

- A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.
- B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.
- C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.
- D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

- A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.
- B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here: <https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

- A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.
- B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|--|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | 215270,215070,214070,213070,210270,211070,210070,209070,208070,207070,206070,205070,203070,202070 |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input checked="" type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

| Implementing Agency Information** | | |
|---|---|---|
| 22. | Legal Name | St. Clair County |
| 23. | Common Name (DBA) | St. Clair County |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 37-6001924 |
| 25. | Organizational DUNS number | 07-589-7371 |
| 26. | SAM expiration date | 02/21/2018 |
| 27. | SAM Cage Code | 3RFL2 |
| 28. | Business Address | Street address: 10 Public Square City: Belleville State: Illinois County: St. Clair Zip + 4: 62220-1623 |
| Implementing Agency: Person to be contacted for Program Matters involving this application. | | |
| 29. | First Name | Kelly |
| 30. | Last Name | Moore |
| 31. | Suffix | Mrs. |
| 32. | Title | Office Administrator |
| 33. | Telephone Number | 618-825-2402 |
| 34. | Fax Number | 618-277-6748 |
| 35. | Email address | Kelly.moore@co.st-clair.il.us |
| Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application. | | |
| 36. | First Name | Phenika |
| 37. | Last Name | McGuire |
| 38. | Suffix | Mrs. |
| 39. | Title | St. Clair County Auditor – Grant Coordinator |
| 40. | Telephone Number | 618-277-6600 |
| 41. | Fax Number | 618-825-2267 |
| 42. | Email address | Phenika.mcguire@co.st-clair.il.us |
| Program Agency Information (If different from Implementing Agency.)** | | |
| 43. | Legal Name | St. Clair County State's Attorney |
| 44. | Organizational DUNS number | 96-280-7058 |
| 45. | SAM expiration date | 05/18/2018 |
| 46. | SAM Cage Code | 61KT5 |
| 47. | Business Address | Street address: 10 Public Square City: Belleville State: Illinois County: St. Clair Zip + 4: 62220-1623 |

| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
|--|--|--|
| 48. | First Name | Nicole |
| 49. | Last Name | Bonfiglio |
| 50. | Suffix | Ms. |
| 51. | Title | Victim/Witness Coordinator – DVSU |
| 52. | Telephone Number | 618-825-4952 |
| 53. | Fax Number | 618-825-4959 |
| 54. | Email address | Nicole.bonfiglio@co.st-clair.il.us |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | (If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.) St. Clair County |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 12th State Senate District: 57 th State Representative District: 113th |
| 57. | Primary Area of Performance | Tracy Fogarty Center St. Clair County State's Attorney's Office Belleville, IL 62220-1623 |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 12 th State Senate District: 57 th State Representative District: 113 th |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | (Text only for the title of the applicant's project.) |
| 60. | Proposed Project Term | Start Date: 01/01/2018 End Date: 12/31/2018 |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$48,568.00 <input type="checkbox"/> Budgeted Amount: \$ <input type="checkbox"/> Match: \$12,175.00 <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ <p style="text-align: right;">Total Amount : \$60,743.00</p> Indirect cost rate: _____% |
| Applicant Certification: By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001) (*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p> | | |

| Implementing Agency Authorized Official (Director, President, Chair, or similar position) | | |
|---|--|-----------------------------------|
| 62. | First Name | Mark |
| 63. | Last Name | Kern |
| 64. | Title | St. Clair County Board Chairman |
| 65. | Telephone Number | [REDACTED] |
| 66. | Fax Number | [REDACTED] |
| 67. | Email address | [REDACTED] |
| 68. | Signature of Authorized Representative | [REDACTED] |
| 69. | Date Signed | 10-13-2017 |
| Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.) | | |
| 70. | First Name | Patty |
| 71. | Last Name | Sprague |
| 72. | Title | St. Clair County Auditor |
| 73. | Telephone Number | 618-277-6600 |
| 74. | Fax Number | 618-825-2740 |
| 75. | Email address | [REDACTED] |
| 76. | Signature of Authorized Representative | [REDACTED] |
| 77. | Date Signed | 10/13/17 |
| Program Agency Authorized Official | | |
| 78. | First Name | Brendan |
| 79. | Last Name | Kelly |
| 80. | Title | St. Clair County State's Attorney |
| 81. | Telephone Number | 618-277-3892 |
| 82. | Fax Number | 618-277-6748 |
| 83. | Email address | [REDACTED] |
| 84. | Signature of Authorized Representative | [REDACTED] |
| 85. | Date Signed | 10/13/17 |

** ICJIA specific modification to GATA form

PROGRAM NARRATIVE

(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font and **double-spaced** with 1 inch margins and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- County state's attorney
- County sheriff's department
- Local police department
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

*Victim services agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Serve additional victim populations.
- Offer new types of services.
- Continue existing services to crime victims.*

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

A. Statement of Problem

1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.

St. Clair County, Illinois encompasses 657.76 square miles, has a population of 270,056 according to estimates from the United States' Census Bureau and is a cross section of every type of jurisdiction throughout the state. Within the county there are urban areas such as East St. Louis, Alorton, Washington Park, Centreville, Brooklyn, Fairmont City, Sauget, Cahokia; "suburban" areas which include Belleville, O'Fallon, Fairview Heights, Dupo, East Carondolet, Mascoutah, Millstadt, Lebanon, Freeburg, Smithon, Shiloh, Swansea, Collinsville, Caseyville; to more rural communities such as Marissa, Summerfield, Fayetteville, Lenzburg, New Athens, and St. Libory.

The racial breakdown of St. Clair County according to the United States Census Bureau estimated numbers for 2013 reveals that 65.9% of the population is identified as white, 30.6% is black, 3.5% is Hispanic, and 1.3% is Asian with the remainder of the population belonging to other groups. There are also areas with a high concentration of Hispanic individuals, including Fairmont City where there is a substantial number of people who speak English as a second language. There are areas in St. Clair County with extremely high African-American populations, including East St. Louis which is 98% African American. Additionally, 89.1% of individuals over the age of 25 have at least a high school diploma or equivalency, and 24.9% having at least a bachelor's degree, indicating an increase over the previous year. St. Clair County has approximately double the percentage of black individuals as the State as a whole, roughly 12% fewer white individuals and high school diploma or equivalency rate of about 2%

more than the State. Approximately 25% of the county’s population is between the ages of 18, 13.1% is over the age of 65, and approximately 62% of the population is between the ages 18-54. The income spread ranges from low income to affluent with a median household income of \$50,578 between 2009 and 2013 according to the census. That places St. Clair County about \$6000 per year lower than the statewide average median income for Illinois. The percentage of population below the poverty level in St. Clair County is approximately 17.6% according to the Census for that same time, which is approximately 3.5% higher than the statewide average for Illinois.

The amount of crime in certain pockets of St. Clair County is staggering. In 2012, the homicide rate in East St. Louis, Illinois was 20 times greater than the national average, and as of November 2014, over half of those cases were still unsolved (IGA, 2014). East St. Louis alone, a city of only approximately 26,000 people, recorded 26 murders in 2016, 19 murders in 2015 and 25 in 2014. For 2017, there have already been 31 murders in East St. Louis. Statistics show East St. Louis to be one of the most dangerous cities in the U.S. when comparing the homicide rate over the past four years to other jurisdictions:

| | | | |
|--------------------------|-------------------|---------------------|-------------------|
| East St. Louis, Illinois | 83.83 per 100,000 | St. Louis, Missouri | 38.63 per 100,000 |
| Chicago, Illinois | 16.80 per 100,000 | Detroit, Michigan | 48.74 per 100,000 |
| Source: BJS.gov/UCR | | | |

The citizens of East St. Louis and Washington Park indicate significant concern about the rate of violent crime in the area. In 2015, Parents United for Change, a resident-led advocacy group, conducted a door to door survey of over 100 individuals in the East St. Louis area. Safety was overwhelmingly the number one concern cited by residents. This finding was consistent with the findings of collective impact movement East Side Aligned (ESA) based upon over two dozen

community forums and feedback sessions conducted by that organization. ESA, in creating a list of priorities, found that youth, in particular, advocated for “all children and youth feel and are safe” to be that organization’s top priority.

In the high crime, high poverty environment of St. Clair County, it is the less fortunate whose voices are too often not heard by the justice system when it comes to domestic violence and sexual assault, and those offenses combine with the general problem of violent crime to affect children and youth and lead them to feel unsafe. Per ICIJIA Data, in 2015, county level data indicates that St. Clair County had 219.7 reported incidents of domestic crimes offenses by county per 100,000 people and 580 reported domestic crimes offenses by county. Experience has shown that domestic violence and sexual assault is often embedded in the social and family behavior of both its victims and perpetrators. The cycle of violence is often not recognized by the victims until it is too late or it is not recognized at all and is treated just as a daily reality. The pathology of the domestic violence crime victim is unique based on the fact that victims often recant, do not want to cooperate with the prosecution, and place themselves in peril, and risk of severe injury or death upon themselves. Breaking the cycle of violence for victims and defendants demands fully comprehensive and coordinated effort. Ensuring that victim advocacy is available from the onset of an investigation is critical to the well-being of the victim and their cooperation in the prosecution of the case. In cases of sexual assault, unfortunately and unnecessarily, many victims feel a sense of shame or embarrassment and reluctance to come forward. Given that, current estimated national estimates indicated that only 31% of rapes are reported and only 6% of rapists ever serve a single day in prison. (Rape, Abuse, & Incest National Network citing DOJ statistics 2010-2014). In the State of Illinois the current backlog and processing of evidence collection kits in sexual assault cases is a barrier that continues to

hinder the progression of cases through the court system and creates anxiety for survivors as the case ends up getting continued over and over again or charges are not brought until significant time has passed. This disruption can leave victims vulnerable and suffering further re-traumatization. The uncertainty and already lengthy legal processes may cause emotional and psychological distress for already traumatized victims. This length of time and perceived lack of support is one reason some victims recant in an effort to end the legal process or refuse to move forward with the reporting in the first place. It is not uncommon for victims of sexual assault to struggle to complete once normal activities of daily living due to increased anxiety and fear symptoms associated with Rape Trauma Syndrome.

In both domestic and sexual assault cases, it is frequently the case that these survivors have one source of income, where that sole income is provided through the offender. At the time he/she gains the courage to report the domestic violence in his/her home and the abuser is subsequently arrested, that individual's source of funding is gone. The assistance of the VOCA funds stands at a unique intersection of criminal justice and social justice where the potential impact simply cannot be overstated. Domestic violence, sexual assault, and related offenses are an ongoing challenge for St. Clair County, just as they are for many other jurisdictions across the state and nation. However, the difference is that St. Clair County has such an exorbitant amount of other violent crime, that it compromises law enforcement's ability to devote adequate resources to combatting domestic violence and sexual assault.

Noting the ICJIA data reports over the last few years, since 2010, St. Clair County has seen the following trends in domestic violence; "per county" the number of domestic violence incidents reported has ranged from a low of 343 to a peak at 1477. The data also shows a substantial number per 100,000 people who have reported incidents of domestic violence, those numbers

range from its lowest 128 reports to 546 over the same time period. The rate of Orders of Protection averaged 401 per 100,000. We know from State's Attorney tracking of cases that, insofar as the domestic cases are concerned, these numbers reflect a significant under reporting. In certain communities within St. Clair County there is a perception that reporting incidents to law enforcement is a futile enterprise due to the shortage of law enforcement resources in those communities. This holds true especially in jurisdictions such as East St. Louis, Washington Park, Brooklyn, and Alorton. The police departments for those troubled agencies, due to high crime rates, public corruption, lack of training and resources and the resulting perception of a lack of legitimacy are part of the Metro-East Police District Commission, which is working to address those shortcomings. In the meantime, we believe that public sentiment in those jurisdictions is such that it leads to even higher rates of underreporting of serious offenses such as domestic violence and sexual assault than is observed in other jurisdictions.

The very nature of crimes like domestic violence is problematic given the fact that the conduct is often repetitive and frequently occurring, which creates a rabbit hole of even more difficulties for survivors of domestic violence and their families such as children learning the behavior, poor performance in school for both those children in an abusive home and their classmates, and statistically lower rates of graduation and college attendance. Studies show that even future income levels for children that come from abusive homes with them earning statistically less than their peers at ages 24-28. Another problem is the lack of reporting when these incidents occur, either due to fear, retaliation, or lack of support.

2. Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.

One of the strengths of St. Clair County is the amount of resources available to the victim witness specialist. In St. Clair County there are a number of organizations that, while independent of the State's Attorney's Office, work in close cooperation with both the office and one another. These agencies include Call For Help Inc. a sexual assault advocacy agency, The Violence Prevention Center of Southwestern Illinois which is a Domestic Violence advocacy agency and shelter, Land of Lincoln Legal Assistance Foundation which provides legal assistance to low income victims of domestic violence and sexual assault crimes, partner abuse intervention programs (Provident Counseling and Group Interventions), the St. Clair County Child Advocacy Center which provide forensic interviewing of children in domestic violence, sexual assault, and related offenses, Children's Home + Aid and Big Brothers Big Sisters. There are additional resources in St. Clair County including multiple mental health and substance abuse treatment facilities and programs that are active participants in matters relating to the criminal justice system. These include Chestnut Health Systems, Comprehensive Behavioral Health Systems, and Gateway Foundation Alcohol and Drug Treatment Centers. Our desire to increase involvement with these organizations will be addressed later in this proposal. The active role all of these organizations play in the community and their desires to provide services and work towards ending interpersonal violence in our community mean that, there are a number of resources that a Victim Witness Specialist could refer survivors to in an effort to provide services that aid in survivors in breaking the cycle of violence.

Another strength is the State's Attorney's Office that would employ the Victim Witness Specialist upon a grant award. The St. Clair County State's Attorney's Office staffs a special division of 3 dedicated attorneys who spend 100% of their time on domestic violence

offenses, adult sex offenses, and offenses that fall underneath those broad umbrellas.

Adopting a “no drop policy” saw the State’s Attorney’s Office increase the number of prosecutions significantly and in the years since that policy was adopted continues to see a high number of cases charged. This aggressive charging posture means that offenders are held accountable and know that there is a consequence for their actions but, more importantly, also provide the opportunity to have meaningful contact with over 1000 persons (1,417 in FY2016) directly affected by interpersonal violence and provide them with the knowledge they need to understand the legal system and the community resources that are available. These opportunities for positive interaction with the criminal justice system helps to reassure survivors that there are people that are willing to fight on their behalf and provide resources so that they feel empowered to take whatever steps they feel are best for them in the long run.

One of the challenges the community faces is that St. Clair County has such an exorbitant amount of other violent crime as described earlier, that it compromises law enforcement’s ability to devote adequate resources to combatting domestic violence and sexual assault. It is difficult to give a full, accurate description of criminal activity in St. Clair County.

Within St. Clair County is East St. Louis, which is frequently reported to be one of the most violent cities in the United States. According to data provided by the Illinois State Police, East Saint Louis had the highest per capita murder rate in the country as discussed above in 2012, which was twenty times the national average and five times greater than the city of Chicago. Additional surrounding jurisdictions require huge amounts of resources to prevent the violent crime problem from spreading. Cities like Cahokia, Alorton, Brooklyn, and Centreville are not immune from these issues. Those cities also have substantial crime of

their own. The East St. Louis Police Department is tragically understaffed given the level of crime in that community. During a 2013 visit to St. Clair County by Former United States Attorney General Eric Holder, he congratulated local prosecutors and police for “fighting above your weight.” The challenge of fighting violent crime and still prioritizing domestic violence and sexual assault has been aggressively tackled by the State’s Attorney’s Office, Sheriff’s Department, Court Services and Probation Department, the Violence Prevention Center of Southwestern Illinois, and Call for Help, Inc. Although strides have been made in combating domestic violence and sexual assault, there are significant opportunities for increased success and certainly, without additional resources, that progress that has been made will be lost.

An additional challenge the community faces is the pattern of budget cuts that both the county and municipalities have faced. The simple fact is that ending interpersonal violence in our community requires basic levels of financial support which are often lacking. For example, the county budget would not allow the State’s Attorney’s Office to staff a Victim Witness Specialist independent of grant support which would necessarily mean a decrease in the amount of contact that already busy attorneys would be able to have with survivors engaging in therapeutic interactions like counseling, consoling, supporting, and providing referrals to other service providers. These challenges extend past governmental budgets and extend into the communities themselves as statistics show that the income ranges from low income to affluent with a median household income of \$50,578 between 2009 and 2013 according to the census. That places St. Clair County about \$6,000 per year lower than the statewide average median income for Illinois. The percentage of population below the poverty level in St. Clair County is approximately 17.6% according to the Census for that

same time, which is approximately 3.5% higher than the statewide average for Illinois. In these impoverished communities, completing the already difficult process of breaking the cycle of violence becomes all the more difficult when survivors are unaware of the resources available for them and feel constrained in their ability to leave their abusive situation for fear of what a lack of financial resources means for them and their family.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

St. Clair County State's Attorney Brendan Kelly often says, "There can be no criminal justice without social justice and there can be no social justice without criminal justice." In the high crime, high poverty environment of St. Clair County, it is the less fortunate whose voices are too often not heard by the justice system when it comes to domestic violence and sexual assault. The office with its staff is finds itself daily at a unique intersection of criminal justice and social justice where the potential impact simply cannot be overstated. The office of the St. Clair County State's Attorney is the primary law enforcement and legal agency for St. Clair County Illinois. The offices are located in Belleville, Illinois which is also the county seat. St. Clair County is located in Southwestern Illinois on the eastern banks of the Mississippi River located across the river from St. Louis, Missouri. Because the State's Attorney's Office deals with a high volume of crime committed against other persons, which proves there to be just as high number of victims. Under the Victims of Crime Act, each victim must be notified of their rights and possible services available to them. The State's Attorney's Office also acts as a liaison between community organizations

that provide services.

Please provide a *brief* description of your entire organization, including unit descriptions and staffing.

The Office of the State's Attorney is comprised of four primary divisions

1) Criminal which is comprised of Traffic and Misdemeanor, General Felony, and the

Violent Crimes Unit.

2) Special Prosecutions which is comprised of the Domestic Violence and Special Victims

Unit and is also responsible for Public Corruption, Elder Justice cases and gang-related

violent crime, and the St. Clair County Problem Solving Courts.

3) Children's Justice which is comprised of the Child Support Enforcement Unit, Juvenile

unit, and is also responsible for prosecuting felony offenses with child victims.

4) Governmental Affairs which handles civil matters including Freedom of Information Act

requests, asset forfeiture, and lawsuits to which the county is a party.

1. What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.

The Office of the State's Attorney works with all victims of crime whether those crimes are

traffic, misdemeanor, or felony in nature. The office strives to uphold victims' rights in

every case. These offenses range from trespass to property to murder. Each attorney has a

working knowledge of the resources available or who might be able to make the appropriate

referrals and these same attorneys all work with victims/survivors per the Crime Victim's

Rights Act. The attorneys and staff in the specialized divisions like, Violent Crimes,

Children's Justice, and Domestic/Special Victims, all have additional knowledge and

training on providing victim services. In addition to the staff funded by a previous grant that is coming to an end, the State's Attorney Office also staffs 1 fully funded staff member, 1 partially funded staff member, and 1 volunteer, who reach out to the thousands of victims of crimes in our county. Due to the high volume of victims, the contact from these individuals is typically limited to mailing informational packets as there is simply too high a volume to provide the type of individualized contact the Victim Witness Specialist currently practices. The partially funded individual as discussed above is primarily an investigator but is able to help out from time to time and coordinate services including working with public housing authorities to move individuals who fear for their safety at the current location they are in. One of our staff works very closely with the Illinois Department of Corrections and is able to assist in dealing with issues/questions that might arise while an abuser is incarcerated. All of these people do/would continue to work closely with the VOCA funded Victim Witness Specialist to ensure that survivors of crimes have timely access not only to the office and its staff but also the extended resources we have to offer by way of our relationships with outside organizations. An example of how this works in practice would be when a domestic violence survivor reports a call to police, the State's Attorney Office charges, and then the Victim Witness Specialist would call as soon as possible after the charge is filed. The Victim Witness Specialist then might be told that the survivor is fearful of the abuser getting out on bail and coming to her house. The Victim Witness Specialist would then reach out to another office victim advocate who could talk to housing authority about moving the survivor to a different housing property. Upon that abuser being sentenced to the department of corrections the survivor may have a question relating to what facility that person is placed in or ongoing contact while that person is in the department of corrections

at which point the victim witness specialist could reach out to an investigator who can reach out to DOC to get those answers. This is just one of many different ways that the Victim Witness Specialist works with other agency staff to provide services.

2. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

| Type of staff | Number of staff |
|--|--------------------------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> We have only included staff members that are 100% dedicated to providing direct services. | 2 1 Volunteer |
| Number of managerial staff | 0 |
| Number of administrative support staff | 0 |

3. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.
St. Clair County

C. Agency Capacity and Experience

1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

The Victim Witness Specialist has been a position with St. Clair State’s Attorney’s Office since 1999. Since then, the VWS has assisted thousands of survivors and their families throughout the criminal justice process. This assistance ranges from explanations of court process, potential dispositions, and education of legal processes; referrals to service providers in the community; assistance seeking shelter; assistance in obtaining orders of protection; assistance in contacting law enforcement agencies to ensure complete statements and a point of contact in case extra patrols around that survivor is necessary; notifying

survivors of when abusers are being released from the department of corrections so that there is advanced notice and an abuser doesn't just show up at the survivors door one day; and acting as a liaison between prosecutors and the survivors and witnesses in criminal cases to assist in ensuring that offenders are held accountable. Perhaps just as important is the countless occasions that the Victim Witness Specialist has simply played a support role to a survivor who was scared, intimidated, or fearful of leaving their abuser often times this one on one time spent on a phone or in person is the difference between a survivor, who is on the fence about the next step, giving up and going back to their abuser or staying strong and staying the course to ensure some form of accountability for their abuser. Given the rate with which survivors recant or go back to their abuser even with the support, we cannot overstate how impactful it is to have the Victim Witness Specialist help those individual who are ready to break the cycle of domestic violence and take the necessary steps. We recognize we'll never be able to end interpersonal violence overnight which makes it all the more important that we take a survivor by survivor approach and always treat each individual with the utmost respect and attention so we can decrease the number of abused one person at a time and not walk back the progress we have made since 1999.

Last year, the 100% VOCA funded Victim Witness Specialist (VWS) was able to provide criminal justice support and advocacy to 1417 survivors of domestic and sexual violence in St. Clair county. The VWS had 112 in person contacts with these survivors in order to provide them information and referrals services. Additionally, the VWS provided 1026 victims follow up contact and 820 telephone contacts where information and referrals were thoroughly explained and contact information provided.

2. If your agency not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.

We do have a history of providing services for this focus area, but additionally of note, the Domestic Violence and Special Victims Unit has advocates from the Violence Prevention Center and Call For Help Inc. who are funded by different grants and are assigned to the unit, to meet with or contact victims regarding shelter, counseling, and financial resource. The victim witness specialist coordinates with these advocates in order to maximize services provided to survivors. Because these advocates are with outside agencies, they do not have the specific training or access to State's Attorney Office information that would allow them to act as liaisons between the state's attorney's office and victims. Additionally, while fluent in their own specialized areas of service, they do not have the capacity to assist the assigned prosecutors in working with victims and witnesses on prosecuting the cases and holding accountable defendants. Pointedly, while invaluable resources as points of referrals, they do not have the capacity or skill set to fulfill the very specific role that the Victim Witness Specialist fills in the State's Attorney's office and they would not have the same level of access that the Victim Witness Specialist provides, by and through the attorneys, to the types of information we believe survivors find helpful like the exact status of case posture, dispositions, and law enforcement contact.

1. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.

Financial oversight will be handled by the St. Clair County Auditor's Office, which has a long

record of success in grant monitoring, including grants through the State's Attorney's Office including grants under the Violence Against Women Act and our Partnerships to Reduce Violent Crime grant. Additionally, it was the Auditor's Office that handled financial oversight for the many years that we had the previous Victims of Crime Act grants. The State's Attorney's Office is currently successfully managing grants including Title IV-D (\$667,390.00), Victim Assistance (\$68,050.00), Victim Witness (\$31,350.00) Domestic (STOP) (\$277,515), and the Focused Deterrence Grant (\$98,862.00). We have a long history of successfully managing grants of all types and over time have put into place the appropriate protocols to maxim effectiveness of the grant.

2. If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.

The Victim Witness Specialist program is currently operational because it is solely funded with VOCA funds and the accompanying match. Should we not receive these grant funds, that program will be terminated. Based upon current budget shortfalls, there is no hope of sustaining the position without grant funds. We further note that our objectives and the scope of the project as defined in this grant expand beyond previously conducted activities to include survivors of sexual assault in addition to domestic survivors. We will also expand the scope of current referrals to include training for the Victim Witness Specialist that will allow this position to identify mental health and/or substance abuse issues during contact with survivors and be able to better assist in facilitating the treatment of these very common issues in our community thereby taking an even more holistic approach than we currently

do. Additionally the Victim Witness specialist will take on more of a “social worker” type role, which will be discussed below.

3. Describe how your agency will financially sustain the program at the end of the three-year funding period.

Absent VOCA funding, this position would not exist. At the present time, county agencies in St. Clair County are looking at further budget cuts and there would simply not be money to independently retain the victim witness specialist. Each year we have and continue to search for additional funds and lobby for additional funding for victim and witness services due to the high volume of victims/survivors the State’s Attorney’s Office works with on a day to day basis. We recognize that even with the current Victim Witness Specialist the office as a whole could benefit from additional staff who provide services and have actively tried to identify how we could fund these types of positions. While to date these efforts have proven unfruitful and we’ve been forced to do more with less based on current staffing, including the current Victim Witness Specialist position, we would continue doing that during this grant period so as to always maximize our chances to keep funding for such important services.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state’s attorney’s offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:
 - a) How victims will be screened for eligibility,

- b) How referrals will be made for services,
- c) How services will be available for all victims of crime,
- d) Location of victim service staff within law enforcement agency or state's attorney's office, and
- e) Coordination of services with other victim service staff.

The Victim Witness Specialist has an office located at the St. Clair County State's Attorneys Office, specifically at the Tracy Fogarty Center. The Tracy Fogarty Center, is an off-site location offers an opportunity for prosecutors, advocates, law enforcement officers and the St. Clair County Probation Department to come together to provide survivors of domestic violence and sexual offenses a collaboration of services. The fact that the Tracy Fogarty Center is not located at the courthouse makes victims and witness more comfortable in visiting the facility. Communication between all branches is essential for the success of the Tracy Fogarty Center. The goal is to ensure offender accountability through communication between various facets of law enforcement agencies, nonprofit organizations, and the community. Domestic violence in the context of this protocol includes traditional domestic violence as well as dating violence (ranging from misdemeanors to murders), violations of orders of protection, and stalking behaviors. Sexual offenses in the context of this protocol are those between adults including the most serious Class X level offense. Once a charge is issued, the prosecutor shall notify the Victim Witness Specialist and the Victim Advocate so that they can notify the survivor within 24 hours when possible and explain the charges and what that means in the overall context of a criminal prosecution. All victims of domestic violence and sexual violence charged by the State's Attorney's office will receive victim services. The charge itself will act as referral. At this time, the Victim Witness Specialist shall advise the survivor of his/her rights under the Crime Victim's Rights Act and answer any questions regarding the court proceedings, available resources, and make referrals as

appropriate based on this detailed interaction with the survivor. The prosecutor will follow “St. Clair County State’s Attorney Office Protocol for Domestic Violence Cases” on all domestic-related cases and “St. Clair County State's Attorney's Office Policy and Protocol for Sexual Offenses” on sexual offenses. These protocols call for significant interaction with the survivor that would not be possible absent a Victim Witness specialist due to the high volume of cases processed by this division. The Specialist will also help the victim write a victim impact statement if necessary and attempt notification prior to any reduction of charges against the offender.

Aside from these important tasks to further the prosecution of the offender and thereby protect the victim while keeping them informed along every step of the way, the Specialist would also have a “social worker” and “helper” type role, beyond just furthering the prosecution. The Specialist would keep a directory of available resources and network with other agencies including the Violence Prevention Center and Call for Help, Inc. to ensure that the victim is getting any services that might be beneficial. Beyond those partners, though, the specialist should consult with each victim about their health needs and general well-being to see if we can assist in any way or point the person in the direction of needed assistance. This includes consulting about the physical, mental, and emotional health of the victim and any dependents, consulting about any counselling needs, or any substance abuse issues, and discussing job training and education. The purpose behind this consultation is that when a victim feels cared about and has external support, and then they need not seek the support of the offender. Providing help and nurturing relationships will assist the victims in gaining independence and the ability to lead happy, healthy, and fulfilling lives. We believe this new role is particularly important in working with survivors of sexual

assault who deal may end of going through countless emotions from anger, shame and guilt, and major depressive disorder in the days, months, and weeks after an assault. Social problems, alcohol and drug use, and PTSD are other common reaction to sexual assault and therefore it is important to expand the knowledge base and skill set of the Victim Witness Specialist. The reality of any criminal prosecution is that even the best cases presented the best possible way run the risk of an unpredictable jury returning a “not guilty” verdict. If we don’t empower our survivors so that they feel that they can stand their ground when their abuser comes back promising “things will be different this time” then we’re not actually doing all we can to break the cycle of violence in our community. The office recognizes that criminal prosecution cannot be the single prong by which we try to have a meaningful impact on ending interpersonal violence in St. Clair County.

Throughout this process communication between all the agencies working together at Tracy Fogarty Center is essential for not only successful prosecution but for the safety of the victims and their families. The Victim Witness Specialist plays a specialized role in this team effort by offering emotional resources and criminal justice information in an attempt to make the process of a criminal case easier thereby affording attorneys time to be focusing on timely issuance of charges and the type of detailed case preparation necessary to obtain positive dispositions for these survivors. The Victim Witness Specialist will be able to coordinate with court security, local law enforcement, and the State's Attorney's Office to take steps to assure victim's safety while they are in the court house and as a result of this coordination, victims will often times be more willing to appear and stand up to their abuser. Examples of the close working relationship between the Violence Prevention Center (VPC) and the Victim Witness Specialist include a number of instances in which the

specialist was able to identify victims in need of additional resources and make the appropriate referral to VPC which then provided additional support to victims during both trial and other hearings. Similarly, the victim witness specialist was able to work closely with Call For Help Inc. on ensuring a survivor of both domestic and sexual abuse had all the necessary resources and information to allow her to begin the healing process and navigate the criminal justice process.

2. Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.
The victim witness specialist position has existed since 1999, so we have extensive experience in providing many of these services, but we are seeking to continually improve. The court-liaison type services have been in existence ever since the program began, and our partnerships with the Violence Prevention Center and Call for Help have been in existence for quite some time as well, so we have already had a great deal of success with those endeavors. Our improvements that we would seek to make as part of this grant are to take a more holistic approach to a victim's health and well-being, and to work with other organizations to help victims get additional services beyond the Violence Prevention Center and Call for Help. As alluded to above, we recognize that criminal prosecution is only one of many possible ways that we can help break the cycle of violence and empower survivors to make changes that benefit themselves and in some cases leave abusers on their own time. While we aggressively prosecute cases what we have learned as an office, through national conferences on interpersonal violence is that often times a criminal prosecution ends up creating an artificial time line for leaving an abusive situation as the prosecution of an abuser alone does not, treat an underlying mental health issues, help a survivor

get sober enough to make their way without the financial help of an abuser, feed hungry children/themselves, create a financial opportunity by which to pay the rent, locate child care resources, help get children to and from school when work schedules otherwise make this impossible. The unfortunate reality of the types of crimes that the Domestic Violence and Special Victims unit prosecutes is that there is a potential to make a situation worse, in the aggregate, if the consequence of a department of corrections sentence means a parent and their children ends up homeless and hungry because the abuser was, if nothing else, the sole provider. The proposed activities of the Victim Witness Specialist we believe would not only help prosecutors make informed decisions about dispositions but also empower these survivors so that if, in the end, a Department of Corrections sentence is ultimately the most appropriate sentence to protect the community, we can minimize the negative side effects of this disposition. We would work to build this capacity by immediately meeting with different organizations to learn what they might be able to provide for victims and how to facilitate the provision of those resources. We plan to schedule meetings with organizations such as Comprehensive Behavioral Health, Chestnut Health Systems, Gateway Foundation Alcohol and Drug Rehabilitation, Children's Home and Aid, and other organizations if awarded this grant to see what can be done to facilitate providing the best services available for victims of domestic violence and sexual assault.

3. Project the number of clients to be served during the grant period. Explain and justify this projection.

Based upon current data from the current grant, we project that the Victim Witness Specialist will serve approximately 1000 survivors of domestic and sexual violence, this number is based on the three quarters of reporting already submitted this year and an average of those three

numbers to estimate fourth quarter numbers and the final sum.

4. Describe known barriers to victims accessing victim services and how your agency will address these.

One obvious barrier is fear. Victims often fear their abusers and it is difficult for them to break the cycle and get away from the abusers. They often view cooperation as dangerous, but we recognize that what is most dangerous is to remain in a situation where the violence will continue to escalate. Other barriers continue to include those previously noted including but not limited to: childcare, transportation, lack of financial resources, shame, guilt, and mental health/drug addictions that make survivors reluctant to come talk with the State's Attorney Office thereby not even becoming aware of the services available to them.

Responses have included the use of law enforcement officers as well as State's Attorney investigators to transport victims to the courthouse and the State's Attorney's Office as necessary both for the purposes of court appearances as well as just to meet with the Victim Witness Specialist so that resources and referrals may be provided. Victim advocates are utilized when available to assist with watching children for short periods of time while the parent is at the courthouse. Additionally, the Victim Witness Specialist is able to make the appropriate referrals to resources that would ensure the safety and well-being of the children when the parent is not available to do so themselves. The victim witness specialist will continue to utilize law enforcement and investigators to provide transport as well as continuing to seek assistance from advocates for child care needs. As described in some detail above, the State's Attorney's Office seeks to significantly expand the role of the Victim Witness Specialist to ensure that we, as a prosecutor's office, are able to take advantage of the opportunity to make contact with each survivor and develop a protocol that

ensures we are able to break down many of these barriers and ensure access to the necessary services. The Victim Witness Specialist will remain open to identifying other resources capable of addressing these issues and implementing a process by which those resources can be utilized in addition to or in place of existing ones.

5. Describe how the program design will incorporate trauma-informed care, as described in *Attachment 1* of the Notice of Funding Opportunity.

The most important aspect of having trauma-informed care available is to provide effective, person-centered support. The Victim Witness Specialist will have the ability to recognize the impact of trauma on a survivor's life and assist them in finding different suitable paths to recovery. The Victim Witness Specialist will implement a new structure plan where the specialist can speak over the phone or in person with a survivor of domestic violence and/or sexual assault and ensure that these communications are incorporating current best practices on trauma informed care. In 2016 the State's Attorney Office was able to use VOCA funding to send the Victim Witness Specialist to the National Coalition Against Domestic Violence's national conference and as a result we began to incorporate more aspects of the trauma informed care model of interacting with survivors. We believe this first step has already been beneficial in our ability to provide services and we would ensure that other training opportunities are utilized so that we continue to build on the foundational steps we have already taken. It is for this reason that we have incorporated a proposed budget that would allow for additional training on trauma-informed care for the specialist so that the specialist can continue to be cognizant of such issues and learn and grow in terms of addressing them. We cannot overstate the importance of having someone like the Victim Witness Specialist who can dedicate the necessary time to stay current on best practices as

the alternative would be leaving it to already overstretched prosecutors doing their very best with insufficient time to keep current and insufficient time to spend with each survivor and be able to properly utilize those best practices.

6. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.

The Victim Witness Specialist contacts victims and informs them if charges were issued and provides the victim with information on the court process. It is not uncommon for attorneys to ask the Victim Witness Specialist to reach out to survivors even in instances where charges are not filed but we believe that the survivor would benefit from knowing our office does care and extending an offer to be a source of information for them so that they can take necessary steps to protect themselves or seek resources. All victims are provided with information on how to obtain an order of protection or civil no stalking, no contact order and what the role of the State's Attorney's Office is in all proceedings. The specialist remains with the victim throughout all hearings and court proceedings, including criminal hearings. The Specialist will work closely with the Victim Advocate at the Tracy Fogarty Center to give the victim the safest and most complete services available. These efforts are to continue even after the case has ended and providing guidance and any necessary assistance before, during or after the prosecution will not be contingent upon participation and assistance in the prosecution. We always tell, and genuinely mean, that the end of a criminal proceeding does not mean we will no longer answer the phone or meet with survivors. To the contrary, we encourage survivors to stay in contact and let us know how we can assist them. Accordingly, it is not uncommon for the Victim Witness Specialist to spend

significant amounts of time with survivors long after a case is resolved.

7. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

The Victim Witness Specialist continues to work with police departments, prisons, the local jail, the Violence Prevention Center, Call for Help, Inc., and the multi-disciplinary team. Additionally the State's Attorney's Office has a long history of collaboration with every organization previously mentioned in this grant application including all of the mental health and substance abuse providers, Children's Home and Aid, Land of Lincoln Legal Assistance Foundation, Provident Counseling and Group Interventions, the St. Clair County Child Advocacy Center, The Department of Children and Family Services, The Illinois Department of Corrections, and other organizations that make up a vast and varied list of community organizations, service providers, churches, schools (including colleges and universities) and more.

8. Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program.

Victim's Compensation Program information is relayed to all victims during the initial contact whether that is by phone or in writing. The survivor is informed of all rights and processes for and the availability of the Victim's Compensation Program. Additionally, brochures are placed in the waiting room of the Domestic Violence/Special Victims Unit as well as the domestic violence courtroom. The specialist is to assist the individual with completing the application and obtaining any necessary materials upon request of the victim.

*Notification is defined as simply advertising the Victims' Compensation program through

posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.

E. Staffing Plan

1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.

The Victim Witness Specialist (VWS) will hold the position as law enforcement and prosecution based victim assistance provider. The VWS will work with victims/family of victims/witnesses of crimes of adult sexual violence and those that have a family or household nexus including but not limited to crimes like murder, aggravated assault, home invasion, vehicular invasion, aggravated battery, and unlawful restraint, Violation of Orders of protection, and other serious interpersonal violence cases many of which are by their very nature complicated. These cases range from misdemeanor to felony, and are frequently cases with many court appearances that survivors need to be made aware of and have explained, are lengthy proceedings, have multiple victims/witnesses, and include more complex legal steps during the preparation, trial, and post-trial processes.

The Victim witness Specialist will:

- Spend 100% of time on the program.
- Provide information to all Domestic Violence/Sexual Assault victims on the criminal justice system.
- Prepares applications for victim compensation by obtaining necessary information and documents completing and submitting forms to the State Victim's Compensation Program.

- Refer victims to appropriate agencies for financial and emotional assistance.
- Assess if mental health or alcohol drug treatment resources may be appropriate and make the necessary referrals.
- Notify felony victims by phone or alternatively by letter of court dates and initiation of charges.
- Notify misdemeanor victims by phone or notice of court dates and initiation of charges.
- Accompany victims through the court process both by maintaining frequent contact by telephone as well as making himself/herself available to be physically present for support at all times during and after the filing of charges through final disposition.
- Confers with attorneys and law enforcement on the issues affecting a victim's ability and willingness to cooperate with the investigation and prosecution or other pertinent issues.
- Maintain statistical data.
- Have an office at the St. Clair County State's Attorney Office Tracy Fogarty Center.
- Be responsible for the timely preparation and submission of any/all reports required by the grant.
- Report directly to the supervisor of the Domestic Violence & Special Victims unit, this position will be further supervised by the Chief of Special Prosecutions, then the First Assistant, and finally by the State's Attorney
- Funding will consist of the grant award and the required match.

VOCA funding allows the Office of the State's Attorney to have a victim witness specialist

who is able to provide coordinated, comprehensive, and consistent assistance to domestic violence victims. The Victim Witness Specialist serves a special role as a liaison between victims of domestic violence and sexual assault within the Office of the State's Attorney. VOCA funding provides the opportunity to provide immediate and direct service to victims ranging from simply informing victims of their rights under the Crime Victim's Rights Act, to advising of resources for survivors of domestic violence/sexual assault (including referrals to victim's advocates who can assist with Orders of Protection), to being there to assist survivors step by step through the criminal justice system. We believe that grant funding has already resulted in increased success in prosecutions as the relationship between the victim witness specialist and victims increases the likelihood that victims will remain cooperative throughout a prosecution thereby allowing us to hold more offenders accountable. Just as important is the role the victim witness specialist plays in educating survivors of the resources available to them outside of the criminal justice system and how those resources may benefit survivors regardless of whether the survivor sees a criminal case to disposition. Without VOCA funding much less time and attention would be allocated to serving victims as that responsibility would fall exclusively on attorneys with already large case loads and finite time to dedicate to each case.

2. What are the primary qualifications of program-funded staff (education, language skills, etc.)?

Qualifications include a minimum of a Bachelor's Degree in a social sciences field, familiarity with the issue surrounding Domestic and/or Sexual violence, working knowledge of victim's rights and responsibilities, knowledge of victim's services, strong knowledge base, and preferred five years experience in an agency specializing in related services.

3. Describe how cases are coordinated and supervised within the agency.

The Domestic Violence/Special Victim Unit Supervisor oversees this position. The Supervisor is an attorney and is responsible for overseeing two additional attorneys, a support staff position, and the victim witness specialist as well as reviewing and prosecuting domestic and adult sexual offenses. The Supervisor is also responsible for leading meetings and coordinating responses across a multidisciplinary team of agencies in order to better serve survivors of domestic and sexual violence. The Supervisor reports to the Chief of the Special Prosecutions Division, who then reports to State's Attorney Brendan Kelly.

4. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

We hope to work with ICJIA to find suitable training courses to further the Specialists knowledge of trauma-skills training. We would seek a "training the trainer" type course so that the Specialist could provide additional trainings to State's Attorney's Office personnel and law enforcement.

5. What other training needs have you identified for staff funded under this program?

There is always a need for advanced domestic violence and sexual assault training to better serve survivors of those crimes. In an effort to hold at least one training, the victim witness specialist would plan to conduct outreach presentations on victimization with emphasis on prevention and the availability of victim services within the southern region. As a part of that training program, the VWS would also be responsible for supervising volunteers that are assigned to the program. It would also be a part of the plan to promote the program by preparing written articles and

public service announcements, as well as speaking before and participating in community agencies.

6. How will you address those training needs? If you are unable to address those needs, please explain why.

In order to reduce gaps between employee skills and the skills required by the position and department, continued training is essential in being an effective Victim Witness Specialist. From the outset, we will use the resources available in the way of our close relationships with Call for Help Inc. and Violence Prevention Center to train the victim witness specialist. The Office of the State's Attorney will be looking ahead at any conferences or training opportunities that we could send the victim witness specialist to, budget permitting. The VWS will have the opportunity to attend domestic violence conferences in and out of state that are hosted by agencies such as The National Coalition Against Domestic Violence and The National Organization for Victim Assistance. The VWS will also take advantage of Webinars that revolve around victim services.

7. Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.

Our volunteer staff on a year to year basis consists of law school and undergraduate interns who, depending on whether they are 1st or 2nd year law students or undergraduates, work on tasks ranging from file organization to legal research and writing to appearing in court under the supervision of attorneys. The majority of interns will work in the traffic and misdemeanor division or the general felony division, but the Domestic Violence and Special Victims Unit always has interns available as long as the office has interns. Generally the office seeks to have approximately 5 interns during each of the fall and spring semesters and approximately 15

interns during the summer semester. We also have volunteers from other places on occasion including Programs and Services for Older Persons (PSOP) through Southwestern Illinois College. We have 1 volunteer from PSOP who has been with the office for an excess of 2 years.

8. Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent** |
|---------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| <i>Example: Volunteer Coordinator</i> | .50 | 100 | .5 |
| <i>Example: Advocate</i> | .75 | 50 | .375 |
| Victim Witness Specialist | 1 | 100 | 1.0 |
| | | | |
| TOTAL | 1 | 100 | 1.0 |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted if application is funded.

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|-----------------------------|-----------------------------------|------------------|
| <i>Example: Hire Staff</i> | <i>Program Administrator</i> | <i>Month One</i> |
| <i>Example: Train Staff</i> | <i>Training Coordinator</i> | <i>Month One</i> |

| | | |
|---|----------------------------------|---|
| Provide contact and support to victims from the initiation of charges and inform them of all court dates | <i>Victim Witness Specialist</i> | Ongoing |
| Notify Victims of Court dates by telephone when possible | <i>Victim Witness Specialist</i> | Ongoing |
| Notify victims of court dates by mail when possible | <i>Victim Witness Specialist</i> | Ongoing |
| Provide information and make referrals as necessary | <i>Victim Witness Specialist</i> | Ongoing |
| Keep statistical data | <i>Victim Witness Specialist</i> | Ongoing |
| Follow-up with victims and discuss safety issues and provide and necessary additional | <i>Victim Witness Specialist</i> | Ongoing |
| If applicable, submit subcontract to Authority for review and approval | | |
| Submit quarterly data report to the Authority | <i>Victim Witness Specialist</i> | 15th of every quarter |
| Submit quarterly fiscal reports to the Authority | <i>Victim Witness Specialist</i> | 15th of every quarter |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

Tracks I and II Goals, Objectives, and Performance Measures:

| | |
|---|--|
| Goal: To provide advocacy services to victims of crime. | |
| Objective | Performance Measure |
| SCREENING | |
| # <u>1000</u> victims screened for eligibility by your agency. | # of victims screened for eligibility by your agency. |
| # <u>1000</u> clients will be provided services by your agency. | # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred. |

| | |
|--|---|
| | # of clients provided services by your agency. |
| <i>INFORMATION & REFERRAL</i> | |
| # <u>1000</u> clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. |
| # <u>1000</u> clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. |
| # <u>1000</u> clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred. # of times staff provided referrals to other victim service providers. |
| # <u>1000</u> clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # <u> </u> clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, supports, and resources. |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| # <u>20</u> clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| # <u>50</u> clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| # <u>50</u> clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |
| # <u>10</u> clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance. # of times staff provided child or dependent care |

| | |
|---|---|
| | assistance. |
| # <u>10</u> clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| # <u>5</u> clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| # <u>10</u> clients will receive employment assistance (e.g., referring to a career services type center, help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # <u>10</u> clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # <u>10</u> clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). The Victim Witness Specialist will make referrals to the Violence Prevention Center for any client who needs further advocacy in economic assistance. | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| # <u>1000</u> clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| <i>SHELTER/HOUSING SERVICES</i> | |
| # <u>50</u> clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) The Victim Witness Specialist will make referrals to the Violence Prevention Center, Equal Housing Opportunity Council, East St. Louis Housing Authority and to the St. Clair County Housing Authority for any client who needs further housing advocacy. | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| # <u>1200</u> clients will receive notification of criminal justice events (e.g., case status, arrest, | # of clients provided notification of criminal justice events. |

| | |
|--|---|
| court proceedings, case disposition, release, etc.) | # of times staff provided notification of criminal justice events. |
| # <u>25</u> clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # <u>25</u> clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| # <u>50</u> clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |
| # <u>1200</u> clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. |
| REQUIRED TRAININGS | |
| # <u>1</u> staff will receive training on trauma | # of staff trained # of trainings on trauma held The grant funded staff would receive training; additionally we would hope that the staff member would train other individuals that are not funded by this grant. |

Additional Track II Goals, Objectives, and Performance Measures:

| | |
|--|---|
| REQUIRED TRAININGS | |
| # ___ of individuals interviewed to become a CASA volunteer. | # of individuals interviewed to become a CASA volunteer. # of individuals offered a volunteer CASA position. |
| # ___ of volunteer trainings to be held. | # of volunteer trainings held. # of volunteers trained. |
| # ___ of current CASA volunteers. | # of current CASA volunteers. |
| # ___ of cases to be reviewed and assigned to advocates. | # of cases reviewed and assigned to advocates. # of clients served by advocates. # of supervision meetings held with advocates. |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
 Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is _____%

5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|---------|
| Period Covered by the NICRA: | _____ |
| Approving Fed/State Agency (please specify): | _____ |
| The Indirect Cost Rate is: | _____ % |
| The Distribution Base is: | _____ |

| | | | | | |
|---|--|---|--------|---|---|
| STATE OF ILLINOIS | | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: St. Clair County | | DUNS#: 07-589-7371 | | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 | Project Period: January 1, 2018- December 31, 2018 |
| <p><i>If you are required to provide or volunteer to provide cost-sharing, matching funds, other funding or contributions to the project, these should be shown for each applicable budget category. All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." Please read all instructions before completing form.</i></p> | | | | | |
| SECTION B -- MATCH FUNDS | | | | | |
| Program Revenues | | Year 1 | | | |
| Grantee Match Requirement: ___% <i>(ICJIA to populate only if match is required)</i> | | | | | |
| (b). -Cash | | | | | |
| (c). -Non-cash | | | | | |
| (d). Other Funding & Contributions | | | | | |
| NON-STATE Funds Total | | \$ | - | | |
| BUDGET SUMMARY MATCH FUNDS | | | | | |
| Budget Expenditure Categories <i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i> | | Year 1 | | | |
| 1. Personnel (Salaries & Wages) 200.430 | | \$ | - | | |
| 2. Fringe Benefits 200.431 | | \$ | 12,175 | | |
| 3. Travel 200.474 | | \$ | - | | |
| 4. Equipment 200.439 | | \$ | - | | |
| 5. Supplies 200.94 | | \$ | - | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | | \$ | - | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | | \$ | 12,175 | | |
| 17. Indirect Costs* (see below) 200.414 | | | | | |
| Rate: _____ % Base: _____ | | \$ | - | | |
| 18. Total Costs NON-ICJIA (Match) Funds (lines 16 and 17) | | \$ | 12,175 | | |

| | | | |
|--|--|---|---|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: St. Clair County | DUNS#: 07-589-7371 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: January 1, 2018- December 31, 2018 |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

| Implementing Agency | | Program Agency |
|---|--|--|
| St. Clair County Auditor's Office Name of Applicant Institution/Organization | St. Clair County Board Name of Applicant Institution/Organization | St. Clair County State's Attorney's Office Institution/Organization |
| _____ Signature | _____ Signature | _____ Signature |
| Patty A. Sprague Name of Official | Mark Kern Name of Official | Brendan F. Kelly Name of Official |
| St. Clair County Auditor Title Chief Financial Officer (or equivalent) | St. Clair County Board Chairman Title Executive Director (or equivalent) | St. Clair County State's Attorney Title Executive Director (or equivalent) |
| _____ Date of Signature | _____ Date of Signature | _____ Date of Signature |

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | |
|--|-----------------------------------|---------------|--------|--|
| Grantee (or Subgrantee) DUNS: | 96-280-7058 | | | |
| Grantee (or Subgrantee) Name: | St. Clair County State's Attorney | | | |
| Grantee (or Subgrantee) DBA: | St. Clair County State's Attorney | | | |
| Grantee (or Subgrantee) Address: | 10 Public Sqaure | | | |
| City: | Belleville | State: | IL | Zip+4: 62220-1624 Congressional District: 12th |
| Grantee (or Subgrantee) Principal Place of Performance: Tracy Fogarty Center, 19 Public Square | | | | |
| City: | Belleville | State: | IL | Zip+4: 62220-1624 Congressional District: 12th |
| Grant #: | Award Amount: | \$ | 60,743 | Project Period: January 1, 2018-December 31, 2018 |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | |
| CSFA Short Description: VOCA FFY16 | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | |
| Yes <input type="checkbox"/> If yes, you are not required to provide data. | | | | |
| No <input checked="" type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | |
| Please provide names and total compensation of the top five officials: | | | | |
| Name: | Richard Watson | Amount: | \$ | 98,776 |
| Name: | Charles Suarez | Amount: | \$ | 98,776 |
| Name: | Jennifer Gomric-Minton | Amount: | \$ | 98,776 |
| Name: | Thomas Holbrook | Amount: | \$ | 98,776 |
| Name: | Mark Kern | Amount: | \$ | 95,899 |

https://www.missouri.gov/agency/marshalls/marshalls/news-releases/county-employment-strategies_implementation

A considerable period of time has passed since the position's last salary raise, about 5 years ago in 2012. I believe the quality as well as the quantity of the Victim Witness Specialist's work has not degraded by any rate. The VWS is perfectly comfortable facing new challenges and ready to step in to handle new duties at any moment. The VWS has two Bachelors of Science degrees in Psychology and Law Enforcement/Justice Administration. She is currently enrolled in an accelerated master's degree program for Criminal Justice at Lindenwood University, taking evening classes. Not only did the VWS take the time to upgrade her skills, but has done so on her own dime. By taking classes that allow the Victim Witness Specialist to learn more about a topic that she is passionate about will increase her versatility as well as stimulate new ideas to reach out to victims of domestic violence and help them in the best and most effective way possible.

Section C - Budget Worksheet & Narrative

3). **Travel** (2 CFR 200.474)-- Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. **NOTE:** Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the contractual category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

Column G ("Basis") defines the quantity being measured. For example, if your expense is two nights in a hotel, the basis is "Nights." If the expense is 300 miles, the basis is "Miles."

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Purpose of Travel (brief description) | Location | Computation | | | | | Federal/State Amount | Match | Total Cost | | |
|--|---------------------------|-----------------|--------------|---------------|-------------|------------------------|-------------------------|----------|-----------------|-------------|-----------------|
| | | Items | Cost Rate | Quantity | Basis | # Staff | | | | # of Trips | |
| Conference/Training Travel | Location to be determined | | | | | 1 | | | | | |
| Program Staff Mileage* | | | \$ 50.00 | 1 | | 50 | 0 | \$ 50 | \$ 50 | | |
| Shuttle | | | | | | | 0 | \$ - | \$ - | | |
| | | Parking | \$ 91.00 | | | 91 | 0 | \$ 91 | \$ 91 | | |
| Conference Travel** | | | Cost/ person | # of people | # of days | 0 | 0 | \$ - | | | |
| Airfare | | | \$ 334.00 | 1 | | 334 | 0 | \$ 334 | \$ 334 | | |
| PerDiem | | Meals | \$ 32.00 | See Narrative | 4 | 60 | 0 | \$ 60 | \$ 60 | | |
| Lodging | | | \$ 91.00 | 1 Room | 5days/4days | 524.32 | 0 | \$ 524 | \$ 524 | | |
| Other (Specify) | | Registrations | \$ 650.00 | 42370 | | 650 | | \$ 650 | \$ 650 | | |
| Other (Specify) | | Add'l trainings | \$ 3,618.68 | | | 3618.68 | 0 | \$ 3,619 | \$ 3,619 | | |
| * State rate is calculated at \$.56/mile. If agency rate is lower use that lower rate. | | | | | | | | | \$ - | | |
| | | | | | | TOTAL TRAVEL CC | 5328 | 0 | \$ 5,328 | \$ - | \$ 5,328 |

** Out of State Travel requires prior Authority approval.

Travel Narrative:

The above budget reflects the cost to send 1 individual (the Victim Witness Specialist) to the National Coalition Against Domestic Violence's National Conference: "Voices United" October 23-26, 2016 in Chandler, Arizona for training to continue to improve how we serve victims in St. Clair County.

PerDiem: The \$32 Per Diem Rate is based upon the Illinois Rate. Sunday - No meals were provided per Agenda. On Monday & Tuesday's Agenda meals were provided during the day; however the evening event the meal was extra. So prorating the per diem = \$14.00 for dinner for each day = \$28.00 and the VWS opted out of the conference evening event (which was the more economical cost). Wednesday, Brunch was provided per the Agenda; then the VWS traveled home. No per Diem is allowed. Per diem totals: \$60.00

Lodging: \$91.00 per room, includes 13% tax, (\$11.83 per night), resort fees of \$28.25 per night, = \$131.08 per night. Room is for 4 nights/5 days = \$524.32.

In the "Other (Specify)" Section, The Budget also sets aside money as "Additional Training" which will be used to to send the Victim Witness Specialist to multiple additional conferences/trainings specific to victims of domestic violence and/or sexual assault which will be identified as they are advertised and agendas finalized. This is the first year there is money in the budget to send the VWS to any training. With the recent hiring of a new VWS it is the Office's belief that that the more trainings we can send the VWS the better prepared the VWS will be to serve victims of Domestic Violence/Sexual Assault in St. Clair County. The training estimate is based in part upon the total cost for the Chandler conference (\$2196), expecting additional conferences/training to come in below that budget per conference/training. Additionally, estimates were calculated by looking at the general cost of travel with milage and hotel to send the VWS to places like Chicago/Springfield, IL. of We expect to prepare itemized budgets for each conference/training for review as they are identified. All training/travel would be during this grant period.

Section C - Budget Worksheet & Narrative

5. Supplies (2 CFR 200.94) --List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Supply Items | Computation | | | Federal/State Amount | Match | Total Cost |
|--------------|-----------------------|------|---|----------------------|-------|------------|
| | Quantity/ Duration | Cost | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| <i>Total</i> | | | | \$ | - | \$ |
| | | | | - | \$ | - |
| | | | | \$ | - | \$ |
| | | | | - | \$ | - |

Supplies Narrative:

Section C - Budget Worksheet & Narrative

6. Contractual Services (2 CFR 200.318) & Subawards (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88). **However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information.** This budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | | | Federal/State Amount | Match | Total Cost | | | |
|--------------|----------------|-------|----------------|---|----------------------|-------|------------|---|----|---|
| | Cost per Basis | Basis | Length of Time | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| Total | | | | | \$ | - | \$ | - | \$ | - |

Contractual Narrative:

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| | | | | | \$ - |

Indirect Cost Narrative:

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

St. Clair County Auditor's Office
Institution/Organization

St. Clair County Board
Institution/Organization

Signature

Signature

Patty A. Sprague
Name of Official

Mark Kern
Name of Official

St. Clair County Auditor
Title
Chief Financial Officer (or equivalent)

St. Clair County Board Chairman
Title
Executive Director (or equivalent)

Date of Signature

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|--------------------------------|-----------------------------|---------------------|---------------------|
| 1. Personnel | \$ 36,090.00 | \$ - | \$ 36,090.00 |
| 2. Fringe Benefits | \$ 7,150.00 | \$ 12,175.00 | \$ 19,325.00 |
| 3. Travel | \$ 5,328.00 | \$ - | \$ 5,328.00 |
| 4. Equipment | \$ - | \$ - | \$ - |
| 5. Supplies | \$ - | \$ - | \$ - |
| 6. Contractual Services | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. Indirect Costs | \$ - | \$ - | \$ - |
| TOTAL PROJECT COSTS | \$ 48,568.00 | \$ 12,175.00 | \$ 60,743.00 |

| | | | | | |
|--|--|---|--|---|--|
| ICJIA Agency Approval | | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: St. Clair County | | DUNS#: 07-589-7371 | | NOFO ID: 1474-361 | |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 | |
| | | | | Grant #: Project Period: January 1, 2018-December 31, 2018 | |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.

4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.

5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.

- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|--|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | 215242, 214242, 214042, 213042 |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|---|--|
| 22. | Legal Name | (Name used for DUNS registration and grantee pre-qualification.) County of Union |
| 23. | Common Name (DBA) | |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 37-6002199 |
| 25. | Organizational DUNS number | 883702995 |
| 26. | SAM expiration date | 04/10/2018 |
| 27. | SAM Cage Code | 618W3 |
| 28. | Business Address | Street address: 309 West Market Street City: Jonesboro State: Illinois County: Union Zip + 4: 62952-1226 |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|-------------------------|--------------------------|
| 29. | First Name | Angela |
| 30. | Last Name | Knupp |
| 31. | Suffix | |
| 32. | Title | Human Resources |
| 33. | Telephone Number | (618) 833-5621 |
| 34. | Fax Number | (618) 833-5496 |
| 35. | Email address | aknupp@unioncountyil.gov |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|-------------------------|--------------------------|
| 36. | First Name | Angela |
| 37. | Last Name | Knupp |
| 38. | Suffix | |
| 39. | Title | Human Resources |
| 40. | Telephone Number | (618) 833-5621 |
| 41. | Fax Number | (618) 833-5496 |
| 42. | Email address | aknupp@unioncountyil.gov |

Program Agency Information (If different from Implementing Agency.)**

| | | |
|-----|-----------------------------------|--|
| 43. | Legal Name | (Name used for DUNS registration.) Union County State's Attorney's Office |
| 44. | Organizational DUNS number | N/A |
| 45. | SAM expiration date | N/A |
| 46. | SAM Cage Code | N/A |
| 47. | Business Address | Street address: 309 West Market Street, Rm 239 City: Jonesboro State: Illinois County: Union Zip + 4: 62952-1226 |

Program Agency: Person to be contacted for Program Matters involving this Application.

| | | |
|--|---|--|
| 48. | First Name | Trisha |
| 49. | Last Name | Heavrin |
| 50. | Suffix | |
| 51. | Title | Victim Advocate |
| 52. | Telephone Number | (618) 833-7216 |
| 53. | Fax Number | (618) 833-3349 |
| 54. | Email address | theavrin@unioncountyil.gov |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | Union County, Illinois |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 12 State Senate District: 58 State Representative District: 115 |
| 57. | Primary Area of Performance | 309 West Market Street, Rm. 239 Jonesboro, Illinois 62952-1226 |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 12 State Senate District: 58 State Representative District: 115 |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | VOCA Grant Prosecution Based |
| 60. | Proposed Project Term | Start Date: 01/01/2018 End Date: 12/31/2018 |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$ <input type="checkbox"/> Budgeted Amount: \$ <input type="checkbox"/> Match: \$ <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ <p style="text-align: right;">Total Amount : \$</p> Indirect cost rate: _____% |
| Applicant Certification: By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001) (*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p> | | |
| Implementing Agency Authorized Official (Director, President, Chair, or similar position) | | |
| 62. | First Name | Bobby |
| 63. | Last Name | Toler Jr. |

| | | |
|--|--|-------------------------------|
| 64. | Title | Union County Board Chairman |
| 65. | Telephone Number | (618) 833-5621 |
| 66. | Fax Number | (618) 833-5496 |
| 67. | Email address | btoler@unioncountyl.gov |
| 68. | Signature of Authorized Representative | [REDACTED] |
| 69. | Date Signed | 10-10-2017 |
| Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.) | | |
| 70. | First Name | Darren |
| 71. | Last Name | Bailey |
| 72. | Title | Union County Treasurer |
| 73. | Telephone Number | (618) 833-5621 |
| 74. | Fax Number | (618) 833-5496 |
| 75. | Email address | dbailey@unioncountyl.gov |
| 76. | Signature of Authorized Representative | [REDACTED] |
| 77. | Date Signed | 10.10.2017 |
| Program Agency Authorized Official | | |
| 78. | First Name | Tyler R. |
| 79. | Last Name | Edmonds |
| 80. | Title | Union County State's Attorney |
| 81. | Telephone Number | (618) 833-7216 |
| 82. | Fax Number | (618) 833-3349 |
| 83. | Email address | tedmonds@unioncountyl.gov |
| 84. | Signature of Authorized Representative | [REDACTED] |
| 85. | Date Signed | 10-12-17 |

** ICJA specific modification to GATA form

PROGRAM NARRATIVE

(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font and **double-spaced** with 1 inch margins and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- County state's attorney
- County sheriff's department
- Local police department
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

*Victim services agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives

are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Offer new types of services.
- Serve additional victim populations.
- Continue existing services to crime victims.*

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

A. The Victim Advocate Unit (VAU) works closely with victim service providers in the community to coordinate services to ensure that all of the victims needs are met. The VAU participates in a monthly Multi-Disciplinary Team (MDT) meeting to collaborate

with agencies as to what the victim, and their family members may need in the recovery process. Members of the MDT include, but not limited to, Two Rivers Child Advocacy Center, Union County Sheriff's Office, and Union County Counseling. Coordination of services also includes the Carbondale Women's Center, to assist with community referrals, counseling, and placement in a women's shelter. The VAU also works with Shawnee Alliance for seniors to provide and ensure services for senior citizens who may be a victim of a crime.

1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.

Union County, IL. Last reporting period FY17

| Domestic Violence | Aggravated Assault/Battery | Child Sexual Abuse |
|--------------------------|-----------------------------------|---------------------------|
| 2016-2017 | 2016-2017 | 2016-2017 |
| 86 victims | 48 victims | 17 victims |

The VOCA program offered through the Union County State's Attorney's Office addresses a number of victim related needs that would not otherwise be met within the traditional law

enforcement nature of the office. The VOCA Advocate is able to provide a variety of services to victims including one-on-one meetings throughout the criminal process, coordination with social services and community agencies and crisis counseling/intervention. The availability of such resources is limited in a rural area such as Union County. Further, many crime victims in our jurisdiction are of lower socio-economic status and the VOCA Advocate is an essential liaison helping these individuals with law enforcement and social services.

2. Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.

Union county is a very close county with organizational loyalty and commitment. Two of our counties strengths are trust among our organizations and community members; and people who are committed to the work. When any one organization asks for help we get it and then some. Union county also has some challenges in our county. The amount of drugs moving in and out of our rural county is extremely high. Our opioid abuse and addiction in our community has increased greatly in the last 2 years. Our drug related charges have doubled. More violent crimes are occurring out of desperation of our addicts. Another challenge is our lack of resources. More resources are desperately needed. We have just one place for community members to receive therapy services. We have just one place for our victims to receive substance abuse treatment, which has a long waiting list. We have only one domestic violence shelter, which has a long waiting list.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

1. Please provide a *brief* description of your entire organization, including unit descriptions and staffing.

The Union County State's Attorney's Office is a governmental entity established by the Constitution of the State of Illinois. The State's Attorney's Office has exclusive and statutory responsibility for the prosecution of criminal misdemeanors, felonies, and enforcement of all laws applicable to Union County. The office represents the State in juvenile court matters, Choate Mental Health & Developmental Center, protects consumers and the elderly from exploitation, and provides advocacy services to victims of crime through the Victim Advocate Unit (VAU). The State's Attorney is also the lawyer for the county providing legal advice, defense of county court actions, filing, and presentation of cases brought by the county. The VOCA Victim Advocate improves and compliments the services provided by the Union County State's Attorney's Office by increasing the number of in-person client contacts, increasing the program's effectiveness in providing follow-up services, expanding the capacity of the program to provide more comprehensive services in response to individual needs, attending court hearings with the victims for support and increasing the number of victim notifications for court proceedings. A part-time Victim

Witness Coordinator is funded by the Attorney General's Office. The VOCA Advocate and Attorney General Victim Witness Coordinator provide a Unit that is more readily available to service victims and significant others because when one is not available the other generally is. Together, the mission of the Union County State's Attorney's Office is to serve victims of crime by obtaining offender accountability for criminal misconduct, serving the community's need for public safety and conveying the intolerance for crime, treating victim's of crime with respect and to assist them through the justice process, and represent citizen's interest in the county government process and civil litigation involving county government.

2. What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.

The Union County State's Attorney's Office is also staffed with a Victim/Witness Coordinator that is funded through the Illinois Attorney General's Office. The Victim/Witness Coordinator provides services such as subpoenaing victims and witnesses for required court appearances and assisting in preparing them for those appearances. The Coordinator also provides services, if needed, to victims and witnesses who need assistance with transportation and lodging, including making those arrangements. The services are coordinated with the VOCA activities because of sharing a common goal of assisting the victims through the court processes while trying to provide services to ease their anxiety of the process. The Coordinator services are valuable to the VOCA Advocate because the

Coordinator is also helping to alleviate some of the hardships that the victim, family members, and witnesses are experiencing due to their involvement in the court system.

3. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

| Type of staff | Number of staff |
|--|-----------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 2 |
| Number of managerial staff | 0 |
| Number of administrative support staff | 0 |

4. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.

County to be served is all of Union County, Illinois.

C. Agency Capacity and Experience

1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

The VOCA funded advocate is a critical member of the Union County State's Attorney's Victim Advocate Unit. We served over 300 victims of crimes and violent crimes in our county last year. The VOCA advocate works closely with all staff in the State's Attorney's Office to ensure that the needs and rights of victims are being met in a sensitive and thorough manner. The VOCA advocate provides a full range of direct services that prove to lessen the trauma and enhance coping skills and resources of victims of violent crimes. Specific duties include, but not limited to, a 24-hour crisis intervention; emotional support; personal, legal, court, and medical advocacy. This includes information and referral to appropriate social services agencies, court orientation, case status and disposition on an ongoing basis. Last but not least, the VOCA advocate also provides access and guidance in obtaining an order of protection for both adults and juveniles, and assistance in utilizing and obtaining victim compensation through the Attorney General's Office. This year's designation allows for one (1) 100% FTE grant funded position providing direct services to victims of violent crime within the jurisdictional boundaries of the Union County State's Attorney's Office. The VOCA Crime Victim Advocate will work closely with the Victim Witness Coordinator to ensure that the needs of the victims are being met.

The VAU had an important role and influence on a case involving Aggravated Domestic Violence to an adult. This adult victim was physically abused to the point of being unconscious

multiple times and forced to eat dog food, deodorant, and urinated on. The victim was very fearful and didn't want her 3 children in the home to know what was going on so she went outside to sustain the rest of the abuse. After the defendant went to work she went to the police and moved forward with charges immediately. After a thorough investigation by law enforcement, it was found that this woman was victim of domestic violence with substantial injuries requiring medical attention. This man was charged accordingly and we are still prosecuting this case. The VAU arranged meetings with the family members, the State's Attorney, and Law Enforcement in order to keep them updated on the investigation and answer any questions they have. After the traumatic event, the victim was dealing with a lot of emotions and the VAU was able to provide referrals for community agencies to provide and continue services that were needed in the long road of recovery.

2. If your agency not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.
3. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.

The Union County State's Attorney's Office is also staffed with a Victim/Witness Coordinator

that is funded through the Illinois Attorney General's Office. The Victim/Witness Coordinator provides services such as subpoenaing victims and witnesses for required court appearances and assisting in preparing them for those appearance. The Coordinator also provides services, if needed, to victims and witnesses who need assistance with transportation and lodging, including making those arrangements. The services are coordinated with the VOCA activities because of sharing a common goal of assisting the victims through the court processes while trying to provide services to ease their anxiety of the process. The Coordinator services are valuable to the VOCA Advocate because the Coordinator is also helping to alleviate some of the hardships that the victim, family members, and witnesses are experiencing due to their involvement in the court system. The Victim/Witness Coordinator grant is \$21,000.

4. If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.

The last VOCA FY grant was \$42,336. While the State's Attorney's Office is statutorily charged with the duties of providing victims' rights, they are also pleased to be providing these services. Having the VOCA funded program, provides not only the means to support the victims, but also to advocate on their behalf, ensuring said rights are provided. Another valuable resource to the victims is the Victim Notification System, which provides release information to victims and significant others about their perpetrators movement. The knowledge/information received by said individuals reduces fear, lessens trauma, and gives the victims a sense of control over their own victimization.

5. Describe how your agency will financially sustain the program at the end of the three-year funding period.

Unfortunately, our County would not be able to financially sustain the VOCA victim advocate position without the VOCA grant. Our county funds are small in this rural area.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state's attorney's offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:
 - a) How victims will be screened for eligibility,
 - b) How referrals will be made for services,
 - c) How services will be available for all victims of crime,
 - d) Location of victim service staff within law enforcement agency or state's attorney's office, and
 - e) Coordination of services with other victim service staff.

When the Union County State's Attorney's office receives a police report it is thoroughly read and victims and witnesses of the alleged crime are identified. When a victim of a crime or violent crime has been identified immediate contact is made by one of the victim advocates. We assess needs and make referrals to other organizations that might be able to provide services to our victims as well (food, shelter, transportation, counseling, medical). Court prosecution and case management services are available to all victims either in person, by phone, through email, or letter. Victims of violent crimes receive more services and meetings are set up here at our office to meet with the victim advocate and our prosecutor.

2. Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.

The VOCA Advocate has continued to provide direct services to crime victims and helped those victims obtain needed services and provide a voice for crime victims within the State's Attorney's Office and with other law enforcement agencies. Referrals were made to a variety of agencies and service providers including counseling services, substance abuse treatment, crime victim's compensation funding, medical providers, and Federal, State and local law enforcement agencies. The VOCA Advocate is particularly active in working with the victims of domestic violence and sexual assault victims. Also, the VOCA Advocate has implemented a procedure to have all victims of violent crime assert their Illinois Constitutional rights.

3. Project the number of clients to be served during the grant period. Explain and justify this projection.

Approximately 350 victims of Union County will be served in a 12 month period. Sept 2016 the VOCA grant served 28 victims, Oct. – Dec. 2016 the VOCA grant served 82 victims. Jan. – March 2017 the VOCA grant served 107 victims. April – June 2017 the VOCA grant served 72 victims. July – August 2017 the VOCA grant served 53 victims. A total of 342 victims were served with the VOCA grant FY17.

4. Describe known barriers to victims accessing victim services and how your agency will address these.

Victims sometimes have a difficult time getting to our office to meet with us and appear in court to be heard at a hearing. Transportation is a big issue for our victims. The Union County State's Attorney's office is working with the local police departments in providing transportation services to and from our office. The Union County State's Attorney's is also working with the Union County Sheriff's Department in getting the Victim Advocate Unit a vehicle to use.

5. Describe how the program design will incorporate trauma-informed care, as described in *Attachment 1* of the Notice of Funding Opportunity.

The victim advocate in the VOCA grant current position took a Trauma-Informed System of

Care Learning Collaborative year training in 2015. This victim advocate is now a certified broker for Trauma-Informed System of Care. Our local counseling services organization also has two trauma-informed system of care counselors to do this specific counseling.

6. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.

Registering our victims with Vine Link to be notified of custody changes of defendants. Notifying victims when defendants have violated their sentencing conditions. Notifying victims of offenders release dates from Department of Corrections. Checking with victims on restitution payments being made to them from the defendant. Making sure our victims are involved in counseling and housing or other services after the case has been prosecuted.

7. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

The Victim Advocate Unit (VAU) works closely with victim service providers in the community to coordinate services to ensure that all of the victims needs are met. The VAU participates in a monthly Multi-Disciplinary Team (MDT) meeting to collaborate with agencies as to what the victim, and their family members may need in the recovery process. Members of the MDT include, but not limited to, Two Rivers Child Advocacy Center, Union County Sheriff's Office,

and Union County Counseling. Coordination of services also includes the Carbondale Women's Center, to assist with community referrals, counseling, and placement in a women's shelter. The VAU also works with Shawnee Alliance for seniors to provide and ensure services for senior citizens who may be a victim of a crime.

8. Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program.

The Union County State's Attorney's Office Victim Advocate Unit (VAU) informs victims of the VOCA Victims' Compensation program by posting posters and placing brochures throughout the courthouse and specifically at the entrance of the State's Attorney's Office and waiting area. Posters and brochures are also given to supporting agencies throughout the community to display in their facilities. The VAU also sends the application, instructions, and brochure to victims as soon as our office is made aware of their situation per a police report from law enforcement. The application packet is also accompanied by a letter that explains the packet and lists the VAU Advocate names and telephone numbers if the victim needs additional information or has questions in regard to the packet.

*Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.

E. Staffing Plan

1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.

Victim Advocate, reports to the State's Attorney. This is a 100% FTE grant funded position providing direct services to victims of violent crime within the jurisdictional boundaries of the Union County State's Attorney's Office. The VOCA Crime Victim Advocate will work closely with the existing Crime Victim Advocate to ensure that the needs of the victims are being met in a sensitive and thorough manner. This position will involve work both within the State's Attorney's Office, as well as in the field, including home visits.

Provide information and referral to victims: explanation of the criminal justice process; preparation of victims for court hearings; notification of case status, court proceedings, and case disposition per Illinois Crime Victims Bill of Rights; information on community resources to help alleviate trauma associated with victimization.

Crisis intervention and emotional support: 24-hour availability to provide crisis intervention and referral services to victims of violent crime, as well as on-going emotional support through the criminal justice process. Attentiveness to victim safety issues is critical.

Legal advocacy: Provide victims with assistance or referral in completing petitions for Orders of Protection and other petitions for emergency relief; accompany victims to court; involve victims in the decision-making process as their case progresses through the system; advocate for the victim with the State's Attorney staff and local law enforcement; assist with property return and request for restitution; assist with victim impact statements.

Personal advocacy: Including, but not limited to employer and creditor intervention, transportation to court, advocacy with other social service providers on victim's behalf, translator services, and follow-up contact with victims throughout court proceedings and post-disposition. Services may also be provided to significant others who may be vicariously affected by the victim's trauma.

Provide information on the Crime Victim's Compensation program and assistance with the filing of claims, as well as follow-up on claims.

Develop collaborative working relationships with criminal justice personnel and service providers to ensure effective service delivery to victims. Maintain confidentiality.

2. What are the primary qualifications of program-funded staff (education, language skills, etc.)?

Bachelors Degree or equivalent; valid driver's license and ability to operate a motor vehicle, no prior criminal history; demonstrated ability to communicate effectively orally and in writing.

Preferred knowledge and abilities:

Prior work or volunteer experience in social services or the criminal justice system; familiarity with law enforcement and court terminology and practices; ability to properly handle crisis intervention; possess appropriate knowledge in areas of child abuse both physical and sexual; working knowledge of statutes, domestic violence issues, community resources; effective interpersonal and interview skills; ability to use office equipment, including computer, printer, copier, fax machine, and telephone.

3. Describe how cases are coordinated and supervised within the agency.

All of our cases get assigned a prosecutor and legal assistant depending on the nature of the crime, felony or misdemeanor, and if the defendant is an adult or juvenile. Our State's Attorney supervises the work within the cases. If a victim is identified our prosecutor will assign the VOCA grant victim advocate or the VCVA grant victim/witness coordinator to the case.

4. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

The victim advocate in the VOCA grant current position took a Trauma-Informed System of Care Learning Collaborative year training in 2015. This victim advocate is now a certified broker

for Trauma-Informed System of Care. Our local counseling services organization also has two trauma-informed system of care counselors to do this specific counseling. Our office will stay in contact with these counselors for more training opportunities in Trauma-Informed therapy that our victim advocate unit staff can be a part of.

5. What other training needs have you identified for staff funded under this program?

The victim advocate could benefit from learning more about implementing Orders of Protection and being the victims voice when in front of the Judge to obtain and Emergency Order of Protection or Plenary Order of Protection.

6. How will you address those training needs? If you are unable to address those needs, please explain why.

The victim advocate can job shadow the victim advocate for another county who has more experience in helping victims obtain an Order of Protection.

7. Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.

The Union County State's Attorney's office does not utilize any volunteers.

8. Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent ** |
|---------------------------------------|-------------------------------------|--------------------------------------|--|
| <i>Example: Volunteer Coordinator</i> | .50 | 100 | .5 |
| <i>Example: Advocate</i> | .75 | 50 | .375 |
| Victim Advocate | 1 | 100 | 1 |
| | | | |
| | | | |
| TOTAL | 1 | | 1 |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted if application is funded.

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|--|-----------------------------------|---------------------------|
| <i>Provide victim services</i> | <i>Victim Advocate</i> | <i>Month One</i> |
| | | |
| | | |
| | | |
| | | |
| If applicable, submit subcontract to Authority for review and approval | | |
| Submit quarterly data report to the | VOCA Victim Advocate | 15 th of every |

| | | |
|--|----------------------|-----------------------------------|
| Authority | | quarter |
| Submit quarterly fiscal reports to the Authority | VOCA Victim Advocate | 15 th of every quarter |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

Tracks I and II Goals, Objectives, and Performance Measures:

| | |
|---|---------------------|
| Goal: To provide advocacy services to victims of crime. | |
| Objective | Performance Measure |
| | |

| <i>SCREENING</i> | |
|---|---|
| <p># _360___ victims screened for eligibility by your agency.</p> <p># 342_ clients will be provided services by your agency.</p> | <p># of victims screened for eligibility by your agency.</p> <p># of victims not eligible for services by your agency and referred to a victim service provider.</p> <p>Please list the agencies to which you referred.</p> <p># of clients provided services by your agency.</p> |
| <i>INFORMATION & REFERRAL</i> | |
| <p># _342__ clients will receive information about the criminal justice process.</p> | <p># of clients provided information about the criminal justice process.</p> <p># of times staff provided information about the criminal justice process.</p> |
| <p># _150_ clients will receive information about victim rights, how to obtain notifications, etc.</p> | <p># of clients provided information about victim rights, how to obtain notifications, etc.</p> <p># of times staff provided information about victim rights, how to obtain notifications, etc.</p> |
| <p># __50__ clients will receive referrals to other</p> | <p># of clients provided with referrals to other</p> |

| | |
|--|--|
| victim service providers. | victim service providers. Please list the agencies to which you referred. # of times staff provided referrals to other victim service providers. |
| # __300__ clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # ____ clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, supports, and resources. |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| # __50_ clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| #_150__ clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| #__50__ clients will receive assistance | # of clients provided with assistance |

| | |
|--|--|
| <p>intervening with an employer, creditor, landlord, or academic institution.</p> | <p>intervening with an employer, creditor, landlord, or academic institution.</p> <p># of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution.</p> |
| <p>#0__ clients will receive child or dependent care assistance.</p> | <p># of clients provided with child or dependent care assistance.</p> <p># of times staff provided child or dependent care assistance.</p> |
| <p>#_75_ clients will receive transportation assistance.</p> | <p># of clients provided with transportation assistance.</p> <p># of times staff provided transportation assistance.</p> |
| <p># _3_ clients will receive interpreter services.</p> | <p># of clients provided with interpreter services.</p> <p># of times staff provided interpreter services.</p> |
| <p># _0__ clients will receive employment assistance (e.g., help creating a resume or completing a job application).</p> | <p># of clients provided with employment assistance (e.g., help creating a resume or completing a job application).</p> |

| | |
|---|---|
| | # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # _0_ clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # 0__ clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| # __200__ clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by |

| | |
|---|---|
| | staff. |
| <i>SHELTER/HOUSING SERVICES</i> | |
| # 200_ clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| # _342_ clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | # of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events. |
| # _100_ clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # ___250_ clients will receive assistance with | # of clients provided assistance with |

| | |
|---|--|
| restitution. | restitution. |
| # __0_ clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |
| # _342_ clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. |
| <i>REQUIRED TRAININGS</i> | |
| # __1__ staff will receive training on trauma | # of staff trained # of trainings on trauma held |

Additional Track II Goals, Objectives, and Performance Measures:

| | |
|---|--|
| <i>REQUIRED TRAININGS</i> | |
| # __N/A_ of individuals interviewed to become a CASA volunteer. | # of individuals interviewed to become a CASA volunteer. |

| | |
|---|---|
| | # of individuals offered a volunteer CASA position. |
| #_N/A_ of volunteer trainings to be held. | # of volunteer trainings held. # of volunteers trained. |
| #_N/A_ of current CASA volunteers. | # of current CASA volunteers. |
| #_500_ of cases to be reviewed and assigned to advocates. | # of cases reviewed and assigned to advocates. # of clients served by advocates. # of supervision meetings held with advocates. |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

- 1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

- 2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

- 2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:

- 4) Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (5)) Or; Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is _____ %

- 5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|------------------------------------|--|
| Period Covered by the NICRA: _____ | Approving Fed/State Agency (please specify): _____ |
| The Indirect Cost Rate is: _____ | The Indirect Cost Rate is: _____ |
| The Distribution Base is: _____ | _____ % |

| | | | | | |
|---|-------------------|--|-----------------------------|--|--|
| STATE OF ILLINOIS | | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Union | DUNSN#: 883702995 | CSFA Short Description: VOCA FFY16 | NOFO ID: 1474-361 | Grant #: | |
| CFSA Number: 546-00-1474 | | | State Fiscal Year(s): 18-19 | Project Period: January 1, 2018 - December 31st, 2018 | |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s)."

Implementing Agency _____

Program Agency _____

County of Union
Name of Applicant Institution/Organization

County of Union
Name of Applicant Institution/Organization

County of Union
Institution/Organization

Darven Bailey
Name of Official

Angela Coke
Name of Official

Trisha Hearns
Name of Official

Union County Treasurer
Title

County Administrator
Title

Victim Advocate
Title

Chief Financial Officer (or equivalent)

Executive Director (or equivalent)

Executive Director (or equivalent)

10-13-2017
Date of Signature

10-13-17
Date of Signature

10/13/17
Date of Signature

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | |
|--|---|---------------------|--|
| Grantee (or Subgrantee) DUNS: | 883702995 | | |
| Grantee (or Subgrantee) Name: | County of Union | | |
| Grantee (or Subgrantee) DBA: | | | |
| Grantee (or Subgrantee) Address: | 309 West Market Street | | |
| City: Anna | State: IL | Zip+4: 62906 | Congressional District: |
| Grantee (or Subgrantee) Principal Place of Performance: | | | |
| City: Jonesboro | State: IL | Zip+4: 62906 | Congressional District: |
| Grant #: | Award Amount: \$ | 49,291 | Project Period: January 1, 2018 - December 31st, 2018 |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | |
| CSFA Short Description: VOCA FFY16 | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | |
| Yes <input type="checkbox"/> | If yes, must answer Q2 below. | | |
| No <input checked="" type="checkbox"/> | If no, you are not required to provide data. | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | |
| Yes <input type="checkbox"/> | If yes, you are not required to provide data. | | |
| No <input checked="" type="checkbox"/> | If no, you must provide the data. Please fill out the rest of this form. | | |
| Please provide names and total compensation of the top five officials: | | | |
| Name: | Amount: | | |

Personal advocacy: Including, but not limited to employer and creditor intervention, transportation to court, advocacy with other social service providers on victim's behalf, translator services, and follow-up contact with victims throughout court proceedings and post-disposition. Services may also be provided to significant others who may be vicariously affected by the victim's trauma.

Provide information on the Crime Victim's Compensation program and assistance with the filing of claims, as well as follow-up on claims.

Develop collaborative working relationships with criminal justice personnel and service providers to ensure effective service delivery to victims. Maintain confidentiality.

Additional Responsibilities:

Screening offense reports to determine the need for victim's services.

Provide notification to the victims of court proceedings.

Implementing Agency Name: County of Union

Grant #:

Section C - Budget Worksheet & Narrative

16) Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|----------------|-------------|--------|----------------------|-------|------------|
| | Base | Rate | | | |
| Administration | \$ 56,013 | 10.00% | \$ | 5,601 | \$ 5,601 |

Indirect Cost Narrative:

Accounting, Grant Preparation, Payroll Preparation, Centralized AP Processing, & Copier

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

County of Marion

County of Union

Signature

Signature

Name of Official

Name of Official

Darrell Bailey

Anaola Coke

Title

Title

Union County Treasurer

County Administrator

Chief Financial Officer (or equivalent)

Executive Director (or equivalent)

10.13.2017

10/13/17

Date of Signature

Date of Signature

ICJIA Agency Approval

| | |
|--|--|
| Implementing Agency Name: <u>Country of Union</u> CFSA Number: <u>546-00-1474</u> | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) |
| DUNS#: <u>883702995</u> CSFA Short Description: <u>VOCA FFY16</u> | AGENCY: Illinois Criminal Justice Information Authority |
| NOFO ID: <u>1474-361</u> State Fiscal Year(s): <u>18-19</u> | Grant #: Project Period: <u>January 1, 2018 - December 31st, 2018</u> |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|---|---|--|------|
| Final Total Budget Amount | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | Date |
| Final Total Award Amount (if different) | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | Date |

Budget Revision Amount Approval

| | | | |
|---|---|--|------|
| Final Revised Budget Amount | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | Date |
| Final Total Award Amount (if different) | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | Date |

Budget Revision Amount Approval

| | | | |
|---|---|--|------|
| Final Revised Budget Amount | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | Date |
| Final Total Award Amount (if different) | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | Date |

\$200,308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|---|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|---|--|
| 22. | Legal Name | County of Vermilion |
| 23. | Common Name (DBA) | Vermilion County |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 37-60002224 |
| 25. | Organizational DUNS number | 079148581 |
| 26. | SAM expiration date | 1/19/2018 |
| 27. | SAM Cage Code | 4P5W5 |
| 28. | Business Address | 6 North Vermilion Street Danville Illinois Vermilion County 61832-5842 |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|-------------------------|------------------------------|
| 29. | First Name | Michael |
| 30. | Last Name | Marron |
| 31. | Suffix | |
| 32. | Title | Vermilion Co. Board Chairman |
| 33. | Telephone Number | 217-554-6000 |
| 34. | Fax Number | 217-554-6010 |
| 35. | Email address | mmarron@vercounty.org |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|-------------------------|---------------|
| 36. | First Name | Same as above |
| 37. | Last Name | |
| 38. | Suffix | |
| 39. | Title | |
| 40. | Telephone Number | |
| 41. | Fax Number | |
| 42. | Email address | |

Program Agency Information (If different from Implementing Agency.)**

| | | |
|-----|-----------------------------------|--|
| 43. | Legal Name | Vermilion Co. State's Attorney's Office |
| 44. | Organizational DUNS number | 079148581 |
| 45. | SAM expiration date | 1/19/2018 |
| 46. | SAM Cage Code | 4P5W5 |
| 47. | Business Address | 6 North Vermilion Street Danville Illinois Vermilion County 61832-5842 |

Program Agency: Person to be contacted for Program Matters involving this Application.

| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
|--|--|--|
| 48. | First Name | Jacqueline |
| 49. | Last Name | Lacy |
| 50. | Suffix | |
| 51. | Title | State's Attorney |
| 52. | Telephone Number | 217-554-7750 |
| 53. | Fax Number | |
| 54. | Email address | jlacy@vercounty.org |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | Vermilion County |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 15th State Senate District: 51 st ---52 nd ---53 rd State Representative District: 102 nd ---104 th ---106 th |
| 57. | Primary Area of Performance | Danville, Illinois 61832-5842 |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 15th State Senate District: 51 st ---52 nd ---53 rd State Representative District: 102 nd ---104 th ---106 th |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | Two Victim Advocate Positions w/benefits |
| 60. | Proposed Project Term | Start Date: 1/1/2018 End Date: 12/31/2018 |
| 61. | Estimated Funding (include all that apply) | <input checked="" type="checkbox"/> Designated/Awarded Amount: \$72,486.72 <input type="checkbox"/> Budgeted Amount: <input checked="" type="checkbox"/> Match: \$18,121.68 <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ <p style="text-align: right;">Total Amount : \$90,608.40</p> Indirect cost rate: _____% |
| Applicant Certification: By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001) (*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p> | | |

| Implementing Agency Authorized Official (Director, President, Chair, or similar position) | | |
|---|--|--|
| 62. | First Name | Michael |
| 63. | Last Name | Marron |
| 64. | Title | County Board Chairman |
| 65. | Telephone Number | 217-554-6000 |
| 66. | Fax Number | 217-554-6010 |
| 67. | Email address | mmarron@vercounty.org |
| 68. | Signature of Authorized Representative | [Redacted] |
| 69. | Date Signed | 10/12/2017 |
| Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.) | | |
| 70. | First Name | Bill |
| 71. | Last Name | Wright |
| 72. | Title | Vermilion County Auditor |
| 73. | Telephone Number | 217-554-6021 |
| 74. | Fax Number | 217-554-6024 |
| 75. | Email address | bwright@vercounty.org |
| 76. | Signature of Authorized Representative | [Redacted] |
| 77. | Date Signed | 10/12/2017 |
| Program Agency Authorized Official | | |
| 78. | First Name | Jacqueline |
| 79. | Last Name | Lacy |
| 80. | Title | State's Attorney |
| 81. | Telephone Number | 217-554-7750 |
| 82. | Fax Number | |
| 83. | Email address | jlacy@vercounty.org <i>Salacy@vercounty.org</i> |
| 84. | Signature of Authorized Representative | [Redacted] |
| 85. | Date Signed | 10/12/2017 |

** ICJIA specific modification to GATA form

PROGRAM NARRATIVE

1. The victim advocacy program of the Vermilion County State's Attorney's Office provides direct services to victims of crime in Vermilion County.
2. The requested VOCA funds will be used to fund the salaries and employee benefits, including I.M.R.F., F.I.C.A, Health and Life Insurance, Unemployment Insurance, and Workers Compensation for two new victim advocacy positions. The VOCA funded positions will enhance and complement the victim services currently provided by the Vermilion County State's Attorney's Office, which presently includes two full-time Victim Advocates and one part-time temporary Victim Advocate. Funding for those positions is provided by the Vermilion County Board and the Office of the Illinois Attorney General.
3. The Vermilion County State's Attorney's Office works closely with both the Vermilion County Sheriff's Office and all community police departments in the county to support victims of crime. Police reports arrive and are processed, and charged cases are then quickly given to an assigned victim advocate. Additional information concerning the victim is available to the advocate through direct contact with the arresting authority/department, through the county data system, and through direct victim contact. Law enforcement has a demonstrated history of being very receptive in working with both our office and service providers in our county for best possible connection to victim support.

The following victim service providers work closely with the Vermilion County State's Attorney's Office in identifying needs, seeking out all available resources (both locally and through the internet), using "211" access to resources, securing temporary services through local churches and community service organizations, and accessing any other available services:

Vermilion County Rape Crisis Center, which provides services to both adult and child victims of sexual assault; and Crosspoint Human Services, which provides services to victims of domestic violence, including services to address issues surrounding homelessness and childcare.

See separate attachment with application with three (3) agency support letters.

A. Statement of Problem:

1. For the last several years, Vermilion County has struggled to secure the financial resources to accommodate two additional victim advocate positions. Two advocates currently serve victims in all felony, misdemeanor, and juvenile cases, including an increasing number of domestic violence cases. With a newly elected State's Attorney, the number of cases charged has increased while the number of cases dismissed has decreased. This significantly increased workload presents additional challenges for advocates in meeting the needs of victims. Factors contributing to these challenges include: an unemployment rate of 8.7% in Danville as compared to an average of 5.2% statewide¹; 1,707 alleged child victims of Abuse/Neglect²; 351 reported offenses against children³; 308 violent index arrests⁴; 696 Orders of Protection per 100,000 people⁵; 936 criminal domestic violence offenses⁶; a suicide rate of 13.2 per 100,000 people in 2016⁷; and, from 2013 to 2016, heroin deaths increased 300% and deaths from any drug increased 122%⁸. These factors offer a window into the increasing number of crimes involving victims.

¹ Source: Illinois Department of Employment Security.

² Source: Illinois Department of Children and Family Services FY2014 Report.

³ Source: Illinois State Police, 2013.

⁴ Source: Illinois State Police, 2015.

⁵ Source: Administrative Office of the Illinois Courts, 2015.

⁶ Source: Illinois State Police, 2015.

⁷ Source: Vermilion County Health Department.

⁸ Source: Vermilion County Health Department.

The Illinois budget crisis, including continued annual budget cuts, financially challenges the Vermilion County Board to meet obligations for salary/benefits for current county job positions.

With current research now promoting better advocacy service practices and more training offered in trauma-focused support services, it has become even more challenging for just two advocates to provide even minimal advocacy services required by law. The frustration for the advocates has been to provide more emotional and psychological support and to have adequate time to talk with traumatized victims until they are feeling secure and safe, while also prioritizing legally required service mandates. Victims often must wait a day or more before an advocate can return a call, obtain and share requested information, or schedule a meeting to meet those needs which help facilitate healing and wellness. There is little time to develop a solid service plan and monitor its progress for each client. Ongoing emotional support is provided only to a victim who continues to reach out for those services. Currently, two advocates are challenged timewise in providing services to traumatized victims who have difficulty identifying and verbalizing their needs.

With decreasing employment opportunities, poor state fiscal stability, and Danville city unemployment reaching 8.7%, Vermilion County has also struggled economically. Oftentimes, positions vacated by resignation or retirement are unfilled and the responsibilities of those positions are transferred to existing staff. The struggle for county administration/leadership has been to continue the quest for finances to provide best possible services with less than optimal staff to support those services.

2. Strengths/Challenges

DRUGS AND VIOLENT CRIME

Challenge: Like most of the country, Vermilion County is facing the effects of the national opioid crisis. A 300% increase in heroin deaths in the past three years confirms the use and problematic effects for struggling addicts, children and families, and the citizens of Vermilion County. Resident gangs are feuding with out-of-town gangs vying for drug sales territory. Additional factors which may have a link to drug abuse are an 18.3% rate of families living at the poverty level and a 13% high school dropout rate. The high school dropout rate is aggravated by the number of youth/young adults moving in and out of the county with no participation in mandated public education. In 2016, percentage rates for Illinois youth neither enrolled in school nor working were higher for those living in poverty as compared to those in non-poverty families. Rates, according to age groups, for those living in poverty are: 16 to 17 years old—8%, 18 to 19 years old—21%, and 20 to 24 years old—31%⁹. These “unconnected” youth/young adults are often charged with violent offenses in our county.

Many victims do not reside permanently in our county, and sometimes have no permanent address. The challenge of providing compassionate, transparent, collaborative, and safe services increases exponentially with these issues. With only two advocates to provide basic advocate services for all victims of crime, the challenge to provide best possible services is daunting.

Strength: Vermilion County addresses the challenge of rising drug usage by supporting struggling service agencies dealing with minimum funding from the State of Illinois. There are nine food pantries available locally, mostly supplied by local church campaigns, altruistic club

⁹ Source: National Center for Education Statistics, April 2017.

drives, and small business solicitations. Schools, with aid from the community, often send food-filled backpacks home with poverty-level students for the weekends/holidays. Agencies for drug treatment, such as Prairie Center, New Directions Treatment, Danville Rescue Mission (men), and Crosspoint Human Services, provide identification, counseling, and support for drug-addicted individuals and their families. Faith-based support programs, such as Celebrate Recovery and Rescue Me, provide meals and child care at their weekly meetings for those struggling with addiction. Crosspoints, Dayspring, and Danville Rescue Mission have temporary housing and job search assistance for specific circumstances. Aunt Martha's Youth Service Center offers health care coordination, child welfare oversight, and preventive assistance to families struggling with health, mental health, and well-being. Schools, churches, and help agencies such as Boys/Girls Club, Community Action, and Laura Lee Fellowship, constantly share identified needs with the community as they support struggling families. Recently, a group of business, education, and community leaders met after attending the Global Leadership Summit Conference and identified areas of need in our county and surrounding areas, one being drug abuse. Newly scheduled monthly meetings with over 100 leaders have identified the goal of developing a community-involved strategic plan for addressing all areas of drug abuse. The community continues to support development of needed resources, but inadequate funding from the State of Illinois oftentimes leads to closure. Making referrals/recommendations to victims of crime requires inordinate amounts of time for the two current victim advocates when resources close or funding to support social services runs dry.

MENTAL HEALTH AND VIOLENT CRIME

Challenge: Key findings (Mental Health of America.net) show 1 in 5 adults in America - 40 million Americans - have a mental health condition. Of those, 56% of adults did not receive

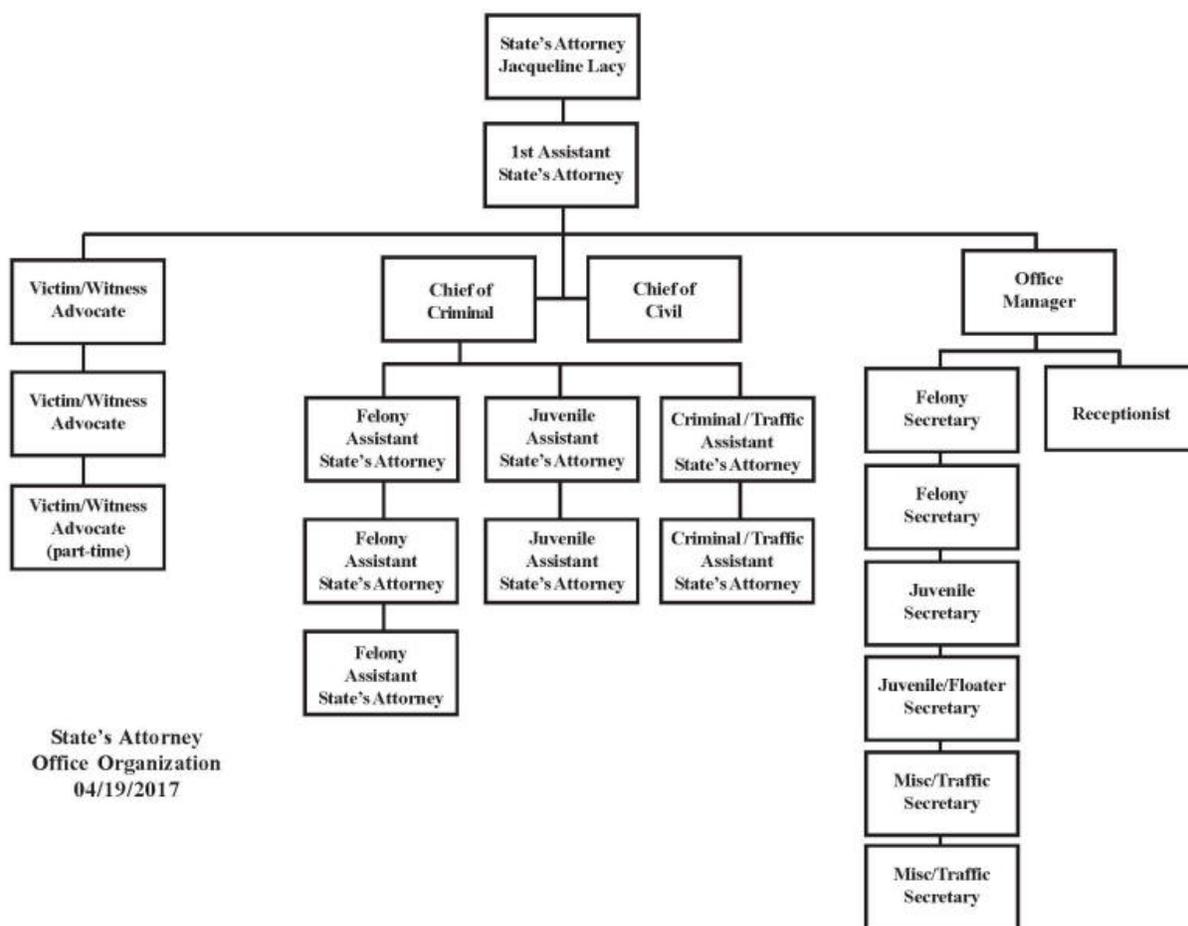
treatment. States with less access to mental health care have shown the highest rates of criminal incarceration. In the United States, 57,000 people coping with a mental health condition are in jail or prison. The shortage of mental health professionals continues to grow across America. Continuous decreases in funding for mental health treatment have negatively impacted the growing number of inmates in both local and state incarceration facilities. Counties are struggling with lack of space in jails and prisons. Numbers of police reports involving a mental health issue have increased in Vermilion County - the estimate by the county sheriff is that 40% to 50% of incarcerated inmates in Vermilion County have a mental health condition. The increase in shootings by convicted felons, by young juvenile gang members, and by undiagnosed persons struggling with mental health issues has escalated. In the Vermilion County Jail, 44% of housed inmates have been prescribed psychotropic medications or have been identified with a mental illness. Many times, victim advocates are working with victim family members of the inmate who struggle with understanding mental health conditions, resources, and compliance with the legal system. These complicated issues increase the time and effort required in offering victims and their families the best possible support. Many times, the victim may also be coping with one or more mental conditions. The office's two victim advocates face huge challenges in gaining trust and creating a safe avenue for access to information and support. Sometimes, hours of case management in phone calls, meetings, and introduction to service providers are needed for just one victim and his/her family.

Strength: Vermilion County has resources for mental health treatment in agencies like Crosspoint Human Services, the Veteran's Administration Hospital, Center for Children's Services, Presence Behavioral Health Systems and private counseling services. Due to the need for more resources, the Vermilion County Mental Health Initiative was recently formed. A focus

of this initiative is to address disparities in mental health needs and corresponding available services. The two current victim advocates face the challenge of assisting victims in attaining needed services which may not exist or are no longer available within a reasonable radius of Vermilion County. Currently, more advocacy time and a longer wait for the victim result in less efficient service delivery. With all of the dwindling services lacking solid financing in Illinois, the need for two additional advocacy positions is imperative for the delivery of mandated quality services to a growing number of crime victims.

B. Project Description:

1. Vermilion County State's Attorney's Office description/staffing:



The Vermilion County State's Attorney's Office consists of one elected State's Attorney who handles a full felony caseload; one First Assistant State's Attorney who supervises all criminal and civil cases and carries a full felony caseload; one Chief of Criminal Division who carries a full felony caseload/expungements and oversees felony, misdemeanor, juvenile, and traffic cases; three felony assistant attorneys who carry full felony caseloads plus mental health court/drug court/felony traffic; two assistant attorneys handling a full caseload of juvenile and abuse/neglect cases; and two assistant attorneys handling a full caseload of criminal traffic and misdemeanor cases. One assistant attorney handles all civil court work, elder abuse, and some overflow juvenile cases. An office administrator/manager works as a secretary and also organizes the support staff of seven secretaries: two felony secretaries, two juvenile/abuse & neglect secretaries, and two misdemeanor/traffic secretaries. The office receptionist takes all incoming contacts/inquiries and also fulfills secretarial duties.

2. Other Victim Services: Currently, all victim services are provided by the two victim advocates for all victims of crime. Office attorneys and office support staff do not provide direct client services, but primarily focus on the legal prosecution of the charged case.

3. Current staff dedicated **to all victim services** our office staff:

| Type of staff | Number of staff |
|--|------------------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 2 |
| Number of managerial staff | 0 |
| Number of administrative support staff | 0 |

4. County: Vermilion County, Illinois.

C. Agency Capacity and Experience:

1. There was one advocate funded by the county until a grant awarded from the Illinois Attorney General's office in 1986 allowed the office to add a second full time advocate. Two advocates have supported all cases as the number of crimes/victims increased and better research/information on victim services became available.

Quantitative: According to the Administrative Office of the Illinois Courts, our county filed 799 felony cases in 2015. To date in 2017, our office has already filed over 700 felonies and most likely will see a total of 933 or more cases filed in 2017. Misdemeanors filed in 2015 totaled 1,012. The total for 2017 will approach 1200. It is anticipated that these numbers will increase with more accurate review/charging of reports, more cooperative victims/witnesses with better supportive services from added advocacy positions, and more accountability with law enforcement agencies working closer.

Qualitative: The goals of the advocacy program in our office are: to identify and address the special needs of each victim/witness; to assist victims in understanding and participating in the criminal prosecution of the case; to assist in stabilizing and restoring emotional safety for victims; to insure victims' rights are protected; and to share information and assist in referrals to needed community services.

Client Case Summary: A young daughter of a divorced minister was battered by her father while in his residence. He frequently brought women for sex to his home. On the night the daughter was physically assaulted, a woman visitor was in the home, but was unidentifiable when law enforcement investigated the incident and a report was written. The charged case became the father's word against his victim daughter's word. Although law enforcement and our office's

investigator spent hours trying to locate the woman witness, she was not identified when the case finally went to trial. During a lunch break on one of the days of the trial, the ten-year-old victim daughter and her mother went to a local fast food place to get lunch quickly. The victim daughter recognized the woman taking their order as the woman who was in the home and who witnessed the assault. Getting the woman's agreement to talk to the State's Attorney's Office, the mother and victim daughter returned to the courthouse and quickly gave the information to the advocate. She then met with the prosecutor and obtained a subpoena with aid from the office's investigator. The investigator took the subpoena to the fast food restaurant and transported the woman witness directly to court. She then testified to witnessing the assault and the jury convicted the father. A case of the father's word against the daughter's word became an assault witnessed by a non-involved party. Without the established trust relationship between the advocate and victim/family, the quick action of both the advocate and investigator, and the prosecutor's willingness to believe the ten-year-old daughter and the advocate, the defendant father may not have been held accountable and convicted of the assault of his daughter. He was required to get services for anger management, domestic violence counseling, parenting counseling, and accountability to a court services officer for several years. The daughter knew that a witness testified to the court about the trauma incident, which validated her experience of the incident. Consequently, the court could have the responsibility to decide what to do about what happened to her, which is a very powerful experience for a victim. It allowed her to continue her healing from the physical, emotional and mental violation by her father.

2. Our office has provided formal victim advocacy for 31 years, with minimum staff. The addition of two more advocates would support all victims in all cases with "best practices" delivery of services.

3. The Vermilion County State's Attorney's Office has one grant which funds one advocacy position. This Violent Crime Victims Assistance Program grant from the Office of the Attorney General of Illinois was first awarded in 1986 and provides funding totaling \$36,000.00 for the salary (\$30,000.00) and benefits (\$6,000.00) for one victim advocate. Additional benefits costs of \$2,100.00 are covered by Vermilion County. The administration of this grant has been supported by the county board, the county auditor, the county treasurer, the State's Attorney, and both current advocates.

Funding for the salary of the second advocate - \$30,000.00 salary and \$6,000.00 fringe benefits - is provided by the Vermilion County Board.

In addition, the Vermilion County State's Attorney's Office has hosted an annual golf outing for the past 23 years. The proceeds of that outing have been used to purchase supplies for the program (i.e., beverages for meetings with clients, crayons and art supplies for child victims, etc.) and to fund training opportunities for victim advocates.

4. The VOCA funded positions will enhance and complement the victim services currently provided by the Vermilion County State's Attorney's Office, which presently includes two full-time Victim Advocates and one part-time temporary Victim Advocate. Funding for existing positions is provided by the Vermilion County Board and the Office of the Illinois Attorney General. VOCA funding, if awarded, would create two new advocacy positions to better support victims of crime in our county. All types of crime cases would be better supported with the hiring of two additional advocates. The two current advocates would be able to better serve the current victim caseload, while the two new advocates would serve current victims who are not receiving optimal victim support while also picking up the increased number of victims. No VOCA funds support our current advocacy program.

5. Although it is unlikely that Vermilion County will have the financial resources to sustain or fund two new advocacy positions after the end of the three-year funding period of this proposed grant, the Vermilion County State's Attorney's Office is committed to seeking alternative funding sources to ensure the sustainability of victim services.

D. Direct Services:

1. How the program functions:

- a)** All victims of crime are eligible for services. A victim becomes part of the criminal justice process when the State's Attorney files formal charges against a defendant based on information taken from a police report. After the defendant is arraigned, the first court pretrial hearing date is set. For serious violent crimes, crimes involving the death of an individual, and sex offenses, the advocate shares information with the victim by telephone and follows-up with a letter to the victim. For all other cases, the advocate sends a contact letter to the victim, which includes: notification of charges filed; the defendant's name and case number; the amount of bond defendant would need to post for release; if bond has been posted and defendant has been released from jail; first pretrial court date, time and courtroom; assigned advocate's contact information, including address, telephone number and email address; a copy of the Victim's Bill and Rights; a copy of the Victim Assertion of Rights checklist; a restitution request form and option to request assistance from advocate; Victim's Crime Compensation Fund information and an offer of advocate assistance if needed; Automated Victim Notification System Registration information/advocate assistance; and a Medical Release.
- b)** Through telephone contact and/or in person meetings with the victim, an advocate will gather information on the current welfare of victim/family; answer questions about the court process;

inquire about needs and share appropriate local, state, and website services; encourage the victim to return the Victim Assertion of Rights checklist, signed and dated; and answer any additional questions. With two additional advocates, the victim will receive quicker response to requests, receive additional phone calls/contacts checking on the victim's welfare throughout court process, and be provided with advocate-initiated contact after the case is closed and a disposition letter is sent. Advocates schedule meetings, both victim requested and prosecutor requested, while the case is open, which may include: sharing updated information; ongoing welfare check in with the victim; empathetic listening to the victim's questions/concerns related to the case; explaining the court process flow of a case; if applicable, trial preparation/plea agreement information; and options for current available support services and contact information, all specific to the client's case. Advocates accompany all victims to court hearings when requested by the prosecutor or the victim. Cooperation with law enforcement and other service agencies in coordinating "best fit" victim service options is a priority. Many times, the advocate will inform an agency of the victim's interest in services. All victims, whether cooperative or not with the prosecution of case, receive a letter explaining the disposition of the case, including sentencing or plea agreement information. A telephone call or other contact to the victim is made by the advocate when an agreement has been reached and a defendant will be released from jail, especially in sex-related, assault/battery, abuse, and domestic violence cases.

c) The advocate accepts all calls/inquiries from a victim/family and other outside inquiries concerning a case, including victims of offenses for which charges were not filed.

d) Advocacy services will be provided in the offices of the Vermilion County State's Attorney located in the Vermilion County Courthouse. The office has adequate and appropriate spaces for conducting private, confidential meetings with victims.

e) Ongoing clear communication about a particular victim and his/her case occurs daily between both current advocates and the assigned prosecutor. Current staffing levels do not allow advocates to accommodate additional case management and added victim support in addressing trauma, coping skills of victims, and determining better ways to support victims/families, and other additional services.

2. Description of agency's experience providing proposed services:

The Vermilion County State's Attorney's Advocacy Program has been providing formal advocacy services since 1986 and has experience in meeting the legal requirements for victim advocacy service, including administration of a Violent Crime Victims Assistance Program grant from the Office of the Illinois Attorney General. The challenge with only two advocates has been to provide more empathic, supportive services.

3. Projected number of clients to be served during the grant period:

It is anticipated that well over 1,000 felony cases and 1,000 misdemeanor cases will be prosecuted in 2017, which does not include the open cases carried over from prior years. The average number of victims in misdemeanor cases one year ago has doubled, as well as the felony victim cases. In 2016, 13,478 criminal police reports were written in Vermilion County, which has a population of 79,282. The number of gun shootings increases each year, some resulting in murder victims and grieving family members. The number of charged cases in years prior to this State's Attorney shows a greater number of eventual dismissals. With charged numbers increasing in 2017-2018, and advocacy services being made available from the police report through prosecution to the disposition and beyond, two additional advocates will afford our

office better coverage, quicker access to information and services, and allow us to offer trauma-informed care to more victims of crime.

Please see **Goals, Objectives, and Performance Measures** for projected numbers of victims who will receive services during the grant period.

4. Barriers to victims accessing victim services and how those barriers will be addressed:

Known barriers for victim accessibility to services have been case overload and the lack of time to address all of the needs of each victim. Both advocates work quickly, are aware of accessible services/resources within the area, and are professional in their commitment to finding answers/resources for each individual victim. Both advocates are open and willing to access further training/knowledge and brainstorm with each other to create/find/implement solutions to problems and access the best possible service provision on behalf of victims.

Options to increase appropriate victim services with only two current advocates have been exhausted. Funding from this grant for two additional advocates would open up possibilities for the delivery of more services, more time for education/training, and more time for continuing education with victims, their families, and communities served.

5. Trauma-Informed Care:

The State's Attorney acknowledges the need for ongoing training/education for trauma and trauma-informed care in working with victims. Employed for one year, the current victim advocate coordinator has completed the certified Domestic Violence 40-hour training program and is seeking additional compassion-based trainings. Her background in working with special education students brings understanding of compassion, emotional dysregulation, family dynamics, and varying behavioral interactions. The second, newly-hired advocate has a

Bachelor of Sciences Degree in Education. She will be attending the certified 40-hour training program in Domestic Violence within the year. The temporary, part-time advocate's education includes a B.S. Degree in Education-Child and Family and a Master's Degree in Social Work-Community Mental Health. In addition, she has completed coursework in Play Therapy and hundreds of hours of additional education/training related to trauma-informed care and practices. Her prior work history includes employment as a preschool director/teacher for 15 years, as a therapist/play therapist for sexually abused children/teenagers/adults for 9 years, and as a victim advocate for the State's Attorney's Office in a neighboring county for 16 years. The addition of two advocates will allow each advocate more time to assess needs and then a plan for service delivery, and to interact more often with the victim. It has been challenging for either of the two full time advocates to attend trainings, knowing services will be delayed for half of the victim caseload.

6. Victim eligibility for services:

All victims of crimes in Vermilion County are eligible for victim advocacy services, regardless of their participation in the criminal justice process. Provisions for victim services after a case closes in our office have always been included in the advocate's responsibilities. Assessing needs and making appropriate referrals have been an ongoing process – it does not stop once the case is closed. Victims continue to have access to their advocate for as long as needed.

Continual problem-solving conversations between the victim and advocate occur for months, and even years, after the case has officially closed, especially for the more violent types of crime.

7. Collaborative Partners:

The advocacy program works closely with the following collaborative partners:

Vermilion County Rape Crisis Center: The Rape Crisis Center provides counseling and advocacy services, and promotes awareness and prevention through specialized education programs, assists a victim with completing paperwork to obtain Orders of Protection and will accompany the victim to court for the OP required court hearings. The Center has trained staff/volunteers available 24 hours/day, seven days/week for support and information. Individual, family, and group counseling is available for adult and child victims of sexual assault. Our advocates contact the Center, making referrals and sharing contact information of the victim. The victim is given the Rape Crisis Center contact information when an advocate phones the victim for initial victim contact.

Crosspoint Human Services:

Crosspoint Human Services provides mental health crisis intervention for adults; Mental Health assessments, counseling, care coordination, treatment planning/review, WRAP support services, employment placement/support services, SASS services for children, Intense Behavioral Support Services for youth/adolescents, and Mental Health Court support. Domestic Violence services include 24-hour Domestic Violence hotline, Counseling for adults/children, Shelter for women/children, Partner Abuse Intervention Program, and Legal/Medical advocacy. Residential Services include staff supervised 24-hour group homes, mental health crisis beds, and managed independent living sites. Developmental Disabilities services include home based services for recreational activities/behavioral training, Age 0 to 3 child developmental therapies, transportation, and Crosspoint café' and housekeeping. Medical services include Psychotropic

Medication evaluation, monitoring, and medication administration/training. Basic services to veterans and their families are offered. Advocates refer victims and non-victims to the many services under Crosspoint agency and communicate daily to refer and coordinate needs of all victims, with or without a case.

The Vermilion County State's Attorney's Office collaborates with both the Vermilion County Sheriff's Office and all community police departments in the county to support victims of crime. Police reports arrive and are processed, and charged cases are then quickly given to an assigned victim advocate. Additional information concerning the victim is available to the advocate through direct contact with the arresting authority/department, through the county data system, and through direct victim contact. Law enforcement has a demonstrated history of being very receptive in working with both our office and service providers in our county for best possible connection to victim support.

The following victim service providers collaborate with the Vermilion County State's Attorney's Office in identifying needs, seeking out all available resources (both locally and through the internet), using "211" access to resources, securing temporary services through local churches and community service organizations, and accessing any other available services: Vermilion County Rape Crisis Center, which provides services to both adult and child victims of sexual assault; and Crosspoint Human Services, which provides services to victims of domestic violence, including assisting victims with obtaining Orders of Protection and providing services to address issues surrounding homelessness and childcare.

8. Victims Compensation Fund Notification:

Victims receive information about the Crime Victims Compensation Program administered by the Office of the Illinois Attorney General in the victim contact letter and on the Vermilion County State's Attorney's website. An information poster in the waiting area of the office also informs readers of the program service. Victims are informed they can access the application and obtain help in completing the application by contacting an advocate with the State's Attorney's Office. Information is also available on the Illinois Attorney General's website.

E. Staffing Plan:

1. The requested grant funding would support two full-time victim advocate positions. One advocate will cover felony cases, the other advocate will cover misdemeanor cases, including domestic violence, violations of orders of protection, crimes against children, crimes against the elderly, sexual abuse/assault, and battery cases. Primary responsibilities for each advocate include: providing direct services, crisis intervention, information/referral, and advocacy to victims and/or witnesses of crime; informing crime victims of their rights pursuant to 725 ILCS 120/4; informing witnesses of their rights pursuant to 725 ILCS 120/5; assisting in preparing all programmatic services/fiscal reports required by funding agencies; assisting in preparing all funding applications; assisting crime victims with Crime Victim Compensation pursuant to 740 ILCS 45/6.1; assisting crime victims with victim impact statements pursuant to 725 ILCS 120/6; assisting with general office duties and other related duties as assigned by the State's Attorney. Services will be provided in the offices of the Vermilion County State's Attorney. Both positions be supervised by the State's Attorney and will devote 100% of their time to the project.

In addition to VOCA funding requested, Vermilion County will fund a portion of each advocate's fringe benefits.

2. Primary qualifications of each position include:

Education: High School Diploma/G.E.D. and two years' experience in related field and/or ability required. An associate's degree is preferred.

a. *Language Skills:*

Ability to:

Read, analyze, and interpret complex documents.

Respond to sensitive inquiries/complaints effectively and compassionately.

Ability to write articles/reports using original/innovative techniques.

Ability to deliver effective/persuasive presentations on complex topics to public groups/management.

b. Ability to work with *Mathematical concepts*—probability, statistical inference, fractions, percentages, ratios, and proportions to practical situations.

c. *Reasoning Ability:* Ability to apply principles of logical/scientific thinking to practical problems. Ability to deal with a variety of abstract/concrete variables.

d. *Physical demands:* The following demands are representative of those that must be met to successfully perform essential functions of the advocate: sit; walk; stand; use hands to feel, handle or finger; reach with hands/arms; lift or move up to 25 pounds; ability to adjust visual

focus. Reasonable accommodations may be made to enable an employee with disabilities to perform the essential duties

3. Coordination/Supervision of Cases: Cases are assigned to each advocate position by case charge and attorney assignment. The State's Attorney is the advocate program supervisor. Help with dissemination of information from the State's Attorney to each advocate is supported by the Advocate Coordinator, an existing position for which VOCA funding is not being sought.

4. Staff Trauma Skills Training/Consultation: Advocates share daily with each other training information, educational materials, and all information related to advocacy support. Access to community service providers working with trauma/trauma victims is available and often utilized. No-cost trainings are sought and supported by the State's Attorney, as well as trainings that the budget will allow.

Plan for holding a trauma-informed skills training: Both advocates will attend a training related to trauma skills/service and then provide an in-office training for attorneys and the two non-funded advocates.

5. Other Training Needs: Continued training related to trauma-informed care/practices is an identified need for advocates. Both funded advocate positions will complete the 40-hour Domestic Violence training and/or any trauma care training required to meet the grant guidelines. Trainings related to best practice service delivery would be sought.

6. How will training needs be addressed: The State's Attorney will approve all trainings for advocates. Training opportunity information will be accessed from law enforcement, state advocacy association, community service providers, health care providers/institutions,

universities and community colleges, mental health agencies, and other community and state resources.

7. Utilization of volunteers: Although our office does not currently utilize volunteers, the addition of two advocates may open opportunities for organizing/utilizing volunteers in the future, in keeping with the confidentiality needs of our clients.

8.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent** |
|-----------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| <i>Victim Advocate</i> | 1.0 | 100 | 1.0 |
| <i>Victim Advocate</i> | 1.0 | 100 | 1.0 |
| TOTAL | 2.0 | | |

F. Implementation Schedule:

| Task | Staff Position Responsible | Date Due |
|--|-----------------------------------|-----------------------------------|
| Hire two victim advocates | State's Attorney | 1/1/2018 |
| Train two victim advocates | Two current victim advocates | 7/1/2018 |
| Trauma informed care training for two advocates | <i>State's Attorney</i> | 12/1/2018 |
| Supervision | State's Attorney | Ongoing |
| Submit quarterly data report to the Authority | Victim Advocate | 15 th of every quarter |
| Submit quarterly fiscal reports to the Authority | State's Attorney | 15 th of every quarter |

Goals, Objectives, and Performance Measures:

NOTE: Objectives listed below are annual objectives for the victim advocates for which VOCA funding is being sought.

| | |
|---|--|
| Goal: To provide advocacy services to victims of crime. | |
| Objective | Performance Measure |
| SCREENING | |
| # 800 victims screened for eligibility by your | # victims screened for eligibility by your agency. |

| | |
|---|---|
| agency. # <u>800</u> clients will be provided services by your agency. | # victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred. # of clients provided services by your agency. |
| <i>INFORMATION & REFERRAL</i> | |
| # <u>800</u> clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. |
| # <u>800</u> clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. |
| # <u>800</u> clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred. # of times staff provided referrals to other victim service providers. |
| # <u>800</u> clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # ____ clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, supports, and resources. |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| # <u>700</u> clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| # <u>800</u> clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| # <u>500</u> clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |

| | |
|---|---|
| # <u>500</u> clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance. |
| # <u>400</u> clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| # <u>75</u> clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| # <u>150</u> clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # <u>100</u> clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # <u>400</u> clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| # <u>800</u> clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| <i>SHELTER/HOUSING SERVICES</i> | |
| # <u>300</u> clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| # <u>800</u> clients will receive notification of criminal justice events (e.g., case status, arrest, court | # of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events. |

| | |
|---|--|
| proceedings, case disposition, release, etc.) | |
| # <u>600</u> clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # <u>700</u> clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| # <u>50</u> clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |
| # <u>800</u> clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. |
| REQUIRED TRAININGS | |
| # <u>2</u> staff will receive training on trauma | # of staff trained # of trainings on trauma held |

BUDGET NARRATIVE

The requested grant funding would support two full-time victim advocate positions. One advocate will cover felony cases, the other advocate will cover misdemeanor cases, including domestic violence, violations of orders of protection, crimes against children, crimes against the elderly, sexual abuse/assault, and battery cases. Primary responsibilities for each advocate include: providing direct services, crisis intervention, information/referral, and advocacy to victims and/or witnesses of crime; informing crime victims of their rights pursuant to 725 ILCS 120/4; informing witnesses of their rights pursuant to 725 ILCS 120/5; assisting in preparing all programmatic services/fiscal reports required by funding agencies; assisting in preparing all funding applications; assisting crime victims with Crime Victim Compensation pursuant to 740

ILCS 45/6.1; assisting crime victims with victim impact statements pursuant to 725 ILCS 120/6; assisting with general office duties and other related duties as assigned by the State's Attorney.

SALARIES, FRINGE BENEFITS, MATCH:

Advocate #One: This is a new full-time VOCA-funded salaried position. The victim advocate devotes 100% of his/her time to the program. Salary request of \$30,000.00 would be distributed in 26 pay periods = \$1153.85 each pay period. Fringe benefits requested are:

RATES estimated for 2018-

| | | |
|-----------------------------|-------------------------------|---------------------------|
| IMRF | 7.56% | \$2268.00 |
| SOC.SECUR/MEDICARE | 7.65% | \$2295.00 |
| WORKMAN'S COMP.-may vary | 0.2 | \$ 60.00 |
| LIFE INSURANCE | \$ 25.20 | \$ 25.20 |
| HEALTH INSURANCE | \$10,656.00 | \$10,656.00 |
| UNEMPLOYMENT (reimbursable) | N/A | <u>N/A</u> |
| | TOTAL FRINGE BENEFITS: | \$15,304.20 |
| | SALARY: | <u>\$30,000.00</u> |
| | TOTAL: | \$45,304.20 |

IMRF, Social Security/Medicare, Workman's Compensation, Life Insurance, Health Insurance, and Unemployment rates are the employee benefits, which total \$15,304.20 for one advocate position for 2018. These benefits plus salary of 30,000.00 equal \$45,304.20.

Vermilion County will devote 100% of the 20% required match (\$9060.84) to employee benefits (\$15,304.20). Awarded grant funding (36,243.36) will be allocated to 100% of the salary (30,000.00), and the remaining balance of employee benefits (\$6243.36).

Advocate #Two: This is a new full-time VOCA-funded salaried position. The victim advocate devotes 100% of his/her time to the program. Salary request of \$30,000.00 would be distributed in 26 pay periods = \$1153.85 each pay period. Fringe benefits requested are:

RATES estimated for 2018-

| | | |
|-----------------------------|------------------------|--------------------|
| IMRF | 7.56% | \$2268.00 |
| SOC.SECUR/MEDICARE | 7.65% | \$2295.00 |
| WORKMAN'S COMP.-may vary | 0.2 | \$ 60.00 |
| LIFE INSURANCE | \$ 25.20 | \$ 25.20 |
| HEALTH INSURANCE | \$10,656.00 | \$10,656.00 |
| UNEMPLOYMENT (reimbursable) | N/A | <u>N/A</u> |
| | TOTAL FRINGE BENEFITS: | \$15,304.20 |
| | SALARY: | <u>\$30,000.00</u> |
| | TOTAL: | \$45,304.20 |

IMRF, Social Security/Medicare, Workman's Compensation, Life Insurance, Health Insurance, and Unemployment rates are the employee benefits, which total \$15,304.20 for one advocate position for 2018. These benefits plus salary of 30,000.00 equal \$45,304.20.

Vermilion County will devote 100% of the 20% required match (\$9060.84) to employee benefits (\$15,304.20). Awarded grant funding (36,243.36) will be allocated to 100% of the salary (30,000.00), and the remaining balance of employee benefits (\$6243.36).

Summary of Budget:

Full-time salary: $\$30,000.00 \times 2 = \$60,000.00$. VOCA match: $\$9060.84 \times 2 = \$18,121.68$.

Fringe benefits: $\$15,304.20 \times 2 = \underline{\$30,608.40}$. Awarded: $\$36,243.36 \times 2 = \underline{\$72,486.72}$

TOTAL: $\$90,608.40$

TOTAL: $\$90,608.40$

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may **not** have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. *(See Notice of Funding Opportunity for Restricted Rate Programs)*

2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

2b) Our Organization currently does **not** have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:

- Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
- Complies with other statutory policies *(please specify)* :

The Restricted Indirect Cost Rate is _____ %

5) No reimbursement of Indirect Cost is being requested. *(Please consult your program office regarding possible match requirements)*

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

Period Covered by the NICRA: _____

Approving Fed/State Agency (please specify): _____

The Indirect Cost Rate is: _____ %

The Distribution Base is: _____

| | | | |
|---|--|---|---|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Vermilion | DUNS#: 079148581 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: 1/1/2018 to 12/31/2018 |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s)."

Implementing Agency

Program Agency

County of Vermilion

County of Vermilion

Verm. Co. State's Attorney's Office

Name of Applicant Institution/Organization

Name of Applicant Institution/Organization

Institution/Organization

Bill Wright

Michael T. Marron

Jacqueline Lacy

Name of Official

Name of Official

Name of Official

Vermilion County Auditor

County Board Chairman

Vermilion County State's Attorney

Title

Title

Title

Chief Financial Officer (or equivalent)

Executive Director (or equivalent)

Executive Director (or equivalent)

14-Oct-17

10/14/2017

October 14, 2017

Date of Signature

Date of Signature

Date of Signature

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | |
|--|--------------------------|--------------------------|---|--|
| Grantee (or Subgrantee) DUNS: | 79148581 | | | |
| Grantee (or Subgrantee) Name: | County of Vermilion | | | |
| Grantee (or Subgrantee) DBA: | | | | |
| Grantee (or Subgrantee) Address: | 6 North Vermilion Street | | | |
| City: Danville | State: IL | Zip+4: 61832-5842 | Congressional District: 15th | |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | |
| City: Danville | State: IL | Zip+4: 61832-5842 | Congressional District: 15th | |
| Grant #: | Award Amount: \$ | 72,487 | Project Period: 1/1/2018 to 12/31/2018 | |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | |
| CSFA Short Description: VOCA FFY16 | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | |
| Yes <input checked="" type="checkbox"/> If yes, you are not required to provide data. | | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | |
| Please provide names and total compensation of the top five officials: | | | | |
| Name: | | Amount: | | |

Section C - Budget Worksheet & Narrative

3). Travel (2 CFR 200.474)-- Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. **NOTE:** Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the contractual category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

Column G ("Basis") defines the quantity being measured. For example, if your expense is two nights in a hotel, the basis is "Nights." If the expense is 300 miles, the basis is "Miles."

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Purpose of Travel (brief description) | Location | Computation | | | | | | Federal/State Amount | Match | Total Cost |
|--|----------|-------------|-----------|----------|-------|---------|------------|-------------------------|-------|------------|
| | | Items | Cost Rate | Quantity | Basis | # Staff | # of Trips | | | |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| | | | | | | | | | | \$ - |
| <i>Total</i> | | | | | | | | \$ - | \$ - | \$ - |

Travel Narrative:

Section C - Budget Worksheet & Narrative

6. Contractual Services (2 CFR 200.318) & Subawards (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88) . **However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information.** This budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | | | Federal/State Amount | Match | Total Cost | | | |
|--------------|----------------|-------|----------------|---|----------------------|-------|------------|---|----|---|
| | Cost per Basis | Basis | Length of Time | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| Total | | | | | \$ | - | \$ | - | \$ | - |

Contractual Narrative:

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| | | | | | \$ - |

Indirect Cost Narrative:

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Institution/Organization

Signature

Signature

Name of Official

Name of Official

Title
Chief Financial Officer (or equivalent)

Title
Executive Director (or equivalent)

Date of Signature

Date of Signature

| | | | |
|---|---|---|--|
| ICJIA Agency Approval | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: County of Vermilion | DUNS#: 079148581 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: 1/1/2018 to 12/31/2018 |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|---|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | 215348,215148,214148,212148,211148,210148,209148,208148,206148,204248,204148,202048 |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|---|--|
| 22. | Legal Name | (Name used for DUNS registration and grantee pre-qualification.) Village of Wheeling |
| 23. | Common Name (DBA) | Village of Wheeling |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 36-6006156 |
| 25. | Organizational DUNS number | 079754586 |
| 26. | SAM expiration date | 3/13/2018 |
| 27. | SAM Cage Code | 5E7K5 |
| 28. | Business Address | Street address: 2 Community Blvd. City: Wheeling State: IL County: Cook Zip + 4:60090-4726 |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|-------------------------|----------------------------|
| 29. | First Name | Jon |
| 30. | Last Name | Sfondillis |
| 31. | Suffix | |
| 32. | Title | Village Manager |
| 33. | Telephone Number | 847.499.9090 |
| 34. | Fax Number | 847.215.5175 |
| 35. | Email address | jsfondillis@wheelingil.gov |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|-------------------------|----------------------------|
| 36. | First Name | Michael |
| 37. | Last Name | Mondschain |
| 38. | Suffix | |
| 39. | Title | Finance Director |
| 40. | Telephone Number | 847.499.9020 |
| 41. | Fax Number | 847.459.9692 |
| 42. | Email address | mmondschain@wheelingil.gov |

Program Agency Information (If different from Implementing Agency.)**

| | | |
|-----|-----------------------------------|--|
| 43. | Legal Name | (Name used for DUNS registration.) Village of Wheeling Human Services Department |
| 44. | Organizational DUNS number | 079754586 |
| 45. | SAM expiration date | 03/13/2018 |
| 46. | SAM Cage Code | 5E7K5 |
| 47. | Business Address | Street address: 1 Community Blvd. City: Wheeling State: IL County: Cook Zip + 4:60090-4726 |

| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
|---|--|--|
| 48. | First Name | Shari |
| 49. | Last Name | Matthews Huizar |
| 50. | Suffix | |
| 51. | Title | Director of Human Services |
| 52. | Telephone Number | 847.459.2672 |
| 53. | Fax Number | 847.520.2024 |
| 54. | Email address | shuizar@wheelingil.gov |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | (If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.) This program services the Village of Wheeling, Cook County |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District:10 State Senate District:30 State Representative District:59 |
| 57. | Primary Area of Performance | (This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.) Wheeling Police Department, 1 Community Blvd., Wheeling, IL 60090 Cook County |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District:10 State Senate District:30 State Representative District:59 |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | (Text only for the title of the applicant's project.) Law Enforcement and Prosecution Based Victim Assistance |
| 60. | Proposed Project Term | Start Date: January 1, 2018 End Date: December 31, 2018 |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$ <input type="checkbox"/> Budgeted Amount: \$ 111,647 <input type="checkbox"/> Match: \$ 31,690 <input type="checkbox"/> Overmatch: \$15,117 <input type="checkbox"/> Program Income: \$ Total Amount : \$ 158,454 Indirect cost rate: __0__% |
| Applicant Certification: | | |
| <p>By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.</p> <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p> | | |

(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

I agree

Implementing Agency Authorized Official (Director, President, Chair, or similar position)

| | | |
|-----|--|---------------------------|
| 62. | First Name | Jon |
| 63. | Last Name | Sfondilis |
| 64. | Title | Village Manager |
| 65. | Telephone Number | 847.499.9090 |
| 66. | Fax Number | 847-215-5175 |
| 67. | Email address | jsfondilis@wheelingil.gov |
| 68. | Signature of Authorized Representative | [Redacted] |
| 69. | Date Signed | October 05, 2017 |

Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.)

| | | |
|-----|--|------------------|
| 70. | First Name | Michael |
| 71. | Last Name | Mondschain |
| 72. | Title | Finance Director |
| 73. | Telephone Number | 847.499.9020 |
| 74. | Fax Number | 847-459-9692 |
| 75. | Email address | [Redacted] |
| 76. | Signature of Authorized Representative | [Redacted] |
| 77. | Date Signed | 10/5/2017 |

Program Agency Authorized Official

| | | |
|-----|--|----------------------------|
| 78. | First Name | Shari |
| 79. | Last Name | Matthews Huizar |
| 80. | Title | Director of Human Services |
| 81. | Telephone Number | 847.459.2672 |
| 82. | Fax Number | [Redacted] |
| 83. | Email address | [Redacted] |
| 84. | Signature of Authorized Representative | [Redacted] |
| 85. | Date Signed | 10/12/2017 |

** ICJIA specific modification to GATA form

Village of Wheeling VOCA Grant Narrative

Law Enforcement and Prosecution Based Victim Services

1. Agency Type: Local police Department
2. These VOCA funds will primarily be used to: Continue existing services to crime victims
3. Coordination of victim services

A. Statement of Problem

1. Victims of crime are forced into a criminal justice system they do not understand and find extremely difficult to navigate. As the Cook County court system is so large with an ever increasing volume of cases, victims often find themselves lost and forgotten. Our program seeks to address this for the victims of crime in the Village of Wheeling.

Our program has existed to assist residents of Wheeling and other victims of crime since 1991. Taking the last three years of data from our program, services have been provided to an average of 350 victims of crime and their significant others per year. Looking at the data provided by the Wheeling Police Department Records Unit, the vast majority of victims of crime have been victims of Domestic Violence. Identity theft has been on the rise and now comprises the second largest number of crimes in the Village of Wheeling. Please see the graphs contained in *Appendix A* for specifics of Village of Wheeling crimes and number of cases served by Victim Services.

2. One of the strengths of the Village of Wheeling/Wheeling Police Department is the longevity of the victim services program. The Village and Police

Department, and now in combination with the Human Services Department have provided services to victims of crime since 1991. The Police Social Work position was created at that time and has been providing assistance to residents of Wheeling and victims of crime in Wheeling with trauma-informed services since.

Another strength of the community would be its volunteer programs and the number of volunteers assisting many Village departments. Some of these volunteer opportunities include the Citizens Patrol and the Wheeling Police Department Citizens Police Academy Alumni Association. These two organizations work closely with the Wheeling Police Department to support their work to keep the community safe. The Wheeling Pavilion Senior Center also has many volunteers from those charged with advisory roles through the Village of Wheeling Senior Citizens Commission, to the many volunteers that support the Lunch at Pavilion Congregate Dining program serving older adults nutritional meals and socialization opportunities every weekday. The residents of Wheeling are very involved in their community life.

The challenges of the community of Wheeling are the lack of community social service organizations located within the Village and the lack of reliable and sufficient public transportation. For many needy residents, mental health services and organizations that can provide access to financial assistance are difficult to reach as they are not within walking distance. The lack of transportation exacerbates the fact that the services that residents/crime

victims need are not located within Wheeling. These challenges also can impact community violence. When families and individuals are unable to access needed mental health services, their difficulties continue to worsen and may lead to violence if untreated. Financial difficulties can put a strain on families and can make already violent or unsafe environments even worse.

B. Project Description

1. The Village of Wheeling Human Services Department has two divisions. The Social Services Division provides social services, crisis intervention, crime victim advocacy, assessment, information and referral, short-term counseling, support groups, coordination of the Community Assisted Relief Efforts (CARE) community disaster response team, 24/7 on-call response to police and fire departments. Victim Services staff are physically located within the Wheeling Police Department. They are supervised and a part of the Social Services Division of the Human Services Department and coordinate on a daily basis with law enforcement. The Division has the Victim Services Coordinator; currently funded by VOCA, who works in the Police Department and a Police Social worker who also provides services to victims and others out of the Police Department. A half-time Program Secretary and the Director of Human Services make up the entire division. The Division of Senior Services includes services to older adults through the Wheeling Pavilion Senior programming through the Wheeling Park District, Lunch at Pavilion Congregate Dining Program, medical equipment lending, and public benefits assessment for older adults. This Division has a Full-time Program Planner,

Part-time Congregate Dining Site Supervisor, full time custodian, and a part-time Program Secretary.

2. As stated above, the Village of Wheeling has two social services staff. The Police Social Worker position allocates approximately 33% of their time to services to victims. The Victim Services Coordinator, the VOCA position, which allocates 100% of their time to victim services, works very closely with the Police Social Worker. The on-call responsibilities for police and fire emergency social service response are shared by both positions. Court advocacy responsibilities are also shared to minimize the need for both staff to be in court on the same day.
- 3.

| Type of Staff | Number of Staff |
|--|-----------------|
| Number of staff providing direct service | 1.3 |
| Number of managerial staff | .2 |
| Number of administrative support staff | .2 |

4. This program will service the Village of Wheeling in Cook County IL

C. Agency Capacity and Experience

1. The Village of Wheeling through the Wheeling Police Department and the Wheeling Human Services Department has been providing victim services since 1991. The Police Social Worker position was created first and in 2003 the Victim Services Coordinator position was created with funding from VOCA. Victim services provided through these two positions served 176

clients in the past year with 146 significant others served as well. Over the past seven years, under the direction of the Human Services Department, 1,604 victims of crime with 1,039 significant others have been served. Services provided to these victims and their significant others include crisis intervention at the scene or by telephone providing information regarding victims' options from the inception of the case. Court advocacy is provided throughout the case from initial bond hearing, arraignment, all court appearances, court appearance preparation with the state's attorney's office, requests for, and preparation of, protection orders, trial, victim impact statement preparation and presentation, and sentencing. Victims can receive support throughout the case. Once the case is finalized and/or during the case, victims are provided with personal advocacy and assistance accessing needed services including financial resources, child care, mental health support, and one-on-one support. Victims are always information about the victims compensation application and are assisted with its completion as well. The program also provided a Spanish language support group for women victims of domestic violence. Many of the women are still engaged in the program as volunteers or community presenters and advocates.

An example of the types of services that victims receive in our program can be best illustrated through the following vignette: A crisis call was received to provide crisis counseling to a Domestic Battery victim at her home, and to assist with Spanish interpretation. The victim was a Hispanic female who was battered by her paramour and father of their 4 children ages 13, 11, 10, and 3. During crisis counseling, the victim explained she lived with offender for

15yrs, and she's been battered multiple times, however she never called police. The victim has no immediate family in the country, two friends, and works the third shift (graveyard). During this incident, the offender wanted to force the victim to have sex, and she refused and after battering her, he packed his bags and told her he was taking the children. The victim had bruises on her arms, neck, chest, back, and a broken finger. The Police took pictures of the victim's injuries, and the Department of Children and Family Services (DCFS) was informed. The victim was provided resources for a domestic violence shelter and other community resources.

This Victim Services Coordinator (VSC) provided numerous services, such as court advocacy, court escort, and assistance with an Interim Order of Protection. During the first court visit, the VSC informed the State's Attorney that the offender called victim while he was in jail. The VSC also noticed that bruises were very prominent, and victim was accompanied to the States Attorney's office, where other photos of bruises were taken. The VSC explained the Special Condition of Bond given to offender, as he originally did not agree to an Order of Protection.

The victim's two older children (13yr male and 11yr female) were very upset, defiant, and blamed their mother for the offender's arrest. The VSC arranged to meet with her and her 4 children, to discuss family violence, and to help the children understand the court process. The VSC noticed the two older children were fearful, resentful, and blamed their mother for the abuse. The

VSC contacted DCFS and informed of assessment of children, and requested intervention with a safety plan and youth counseling services. The victim found texts on her son's phone from offender's family, asking son to look for and gather the children's important papers and car keys. Since the victim worked the 'graveyard' shift, she locked important papers in her car or slept with them. Upon the victim's request, the VSC held on to her papers in VSC's office, which included passports, Social Security cards, and birth certificates.

The offender was indicated by DCFS and during subsequent court dates, the VSC notified the State's Attorneys of DCFS outcome, texts, and family intimidation of victim. Offender was verbally admonished by the judge when offender took son out of school and brought him to court. The offender also manipulated the children by purchasing them toys and a pet without consulting the victim.

The VSC assisted the victim in completing a Child Support application, wrote a letter of support for rent assistance, and spoke to victim's landlord. The victim was referred to local food pantries, the local Township for financial and rent assistance, and to local churches for food and gas cards. The VSC provided short-term Spanish language counseling, and assisted her with making reports to the Wheeling Police for various offenses, such as: theft by her son of her credit card, violation of special conditions of bond and intimidation of a witness by offender and domestic battery as her son began battering her.

The VSC completed the Crime Victim's Compensation application for hospital visits due to injuries from her broken finger and X-rays. The VSC also has kept in communication with DCFS and conference calls have been made for case management, visitation, and child care arrangements. This case has been continued many times and the VSC has accompanied the victim to all court dates. The offender was ultimately convicted of a lesser offence and has left the area. The victim's children are doing very well and have been making great progress in their mental health treatment and school achievement and attendance.

2. Our program has existed since 1991 with VOCA funding since 2003.

3. The Village of Wheeling has a long history of managing all types of grants. The Village receives grants from state agencies including IDOT and ICJIA. The Village also receives federal funding that either passes through Cook County such as a multi-million dollar relocation grant for Village residents affected by flooding or a small grant supporting congregate dining for older adults through AgeOptions which includes federal and state funds. Victim services in the Village of Wheeling, outside of the VOCA funding, are funded by municipal tax dollars.

As a department of the Village of Wheeling, the Human Services Department works together with the Finance Department to share in the management of

the grants it receives. Grant funds are received through the finance department and are recorded in a separate grant fund. Revenues and expenditures for each grant are given a specific grant numbers and tracked throughout the grant. The finance department provides this information and completes the financial reports of all grants received by the Village. The Village participates and completes an annual audit of the financial statements of the Village. The Village Board of Trustees approves an annual budget every year. The annual budget for the Village of Wheeling for the 2017 fiscal year is approximately \$78,000,000.

4. The funds requested in this proposal will be to sustain the current Victim Services Coordinator position. The Village will continue to fund the Police Social Worker position and the Director position as part of victim services it provides to residents. The funds requested will also be used to create a volunteer group of survivors to provide additional support to victims of family violence. This funding will be used to train these volunteers with the 40 hour Domestic Violence training through the first year of the program.

5. In order to provide funding for the Victim Services Coordinator in the future, the Village of Wheeling is exploring the possibility of bringing in revenue for some of the programs and services provided through the Social Services Division of the Human Services Department, not including victim services. There is never a charge for services for victims of crime. The Village will be looking at the possibility of billing insurance providers for counseling and

case management services it provides for other individuals and families it serves. The hope is to create revenue to supplement the victim services position. The Village will also look into local charities such as Wheeling Helping Hands, a local Wheeling charity which raises money for Police and Fire Departments' charities, for additional funding.

D. Direct Services

1. There are several ways that a victim of crime can engage services through our program. Every 24 hours a log is created by the 911 dispatchers and distributed to victim services staff containing all of the police calls for that period. The Director of Human Services analyzes that log and looks for calls where there are potential crime victims. When cases are found, the Director requests the draft police report from the Commander of Patrol. The contact information as well as the details of the call are analyzed and the level of victim services is determined. All police reports completed are also sent to victim services staff. The Director also analyzes these reports and looks for calls with victims to engage in services. Depending on the severity of the victimization, cases will either be sent an outreach letter, Appendix C, offering services and staff contact information or the case will be assigned to a staff person to make a personal phone call offering services and support. Officers are also able to refer victims for services through an electronic referral form, Appendix D, which is filled out by the officer and sent directly to the Director for staff assignment. Officers and supervisors are also able to

contact the on-call social worker/victim services staff and request either by phone or an on-scene response to provide crisis intervention to the victim.

Victim services staff are located in the Wheeling Police Department, very close to the main entrance and the dispatch center. Staff have their own offices to provide a level of privacy for victims and their families. As the offices are designed, there are three offices in a row with the middle office designated as a child's playroom. Doors adjoining to this room are located in each office so that the adults can have confidential conversations and to minimize the impact of the situation on the children. Parents can easily monitor the children from either office. The police department also has a soft interview room where there are couches and another play area for children and families to wait while their case is being investigated, etc.

Victim services are completely integrated into the social services provided to Village residents. All staff provide some level of victim services and work very closely together. Staff meetings are held weekly with all social services staff. Staff also attend police roll call meetings at the beginning of afternoon shift to maintain a connection with the police officers and to stay updated on current cases and issues.

Once clients are engaged in victim services, our program offers many services to assist them. If the victim's case is court involved, the victim services staff will accompany the victim to all court appearances. Staff will work the client

to introduce them to the State's Attorney handling the case and make sure the client's intentions and desires are known. If a protective order is necessary, staff will assist in the preparation of the petition and support the victim throughout the process. Victim Services staff will also invite clients to meet between court appearances to discuss how they are doing and to provide resources either by referral or through direct application to minimize the effects of the crime and to help the victim move forward. Serious cases involving crimes such as Criminal Sexual Assault, Child Abuse, Aggravated Battery/Domestic Battery, Homicide and Reckless Homicide may include additional involvement of victim services staff. Any cases taken to the Children's Advocacy Center are accompanied by victim services staff. Staff provide a needed bridge between the investigator handling the case and the family. Staff also provide information regarding the court and investigative process. Staff will accompany the victim to all court appearances and will work cooperatively with the Children's Advocacy Center staff to provide continuity of care for the family and victim.

As stated earlier, in the Village of Wheeling, victim services have been provided to residents and victims since 1991. Staff is highly qualified and has very productive working relationships with members of the Third District Court State's Attorney's office, Between Friends Domestic Violence Advocates working at District Three, the Children's Advocacy Center, and other community resources. Our longevity in the field helps our program serve victims of crime in the most professional and ethical manner possible.

A new aspect of our program will be the incorporation of volunteer advocates. We plan to recruit former members of our Platicas Para Mujeres, Spanish language women's support group to participate in the 40 hours of Domestic Violence training. Once trained, these volunteers will work the victim services staff to support victims throughout the court process. We envision utilizing our volunteers as mentors for the victims, primarily victims of family violence. We anticipate matching trained volunteers with victims of similar crimes. Our hope is that the volunteers will be able to attend court hearings with our advocates and the victims to provide additional support and child care if the victim is unable to find it and needs to bring the children to court. We would like to link the victims with volunteers that could provide support at times when the victim services staff is not available.

3. The Village of Wheeling Human Services Department Social Services Division Victim Services program projects to service approximately 375 victims of crime and their significant others. We have arrived at this projected number based on the number of clients we have served over the past several years and increased it a bit as this program will be reaching out to more victims of different crimes. Our program has historically focused on Domestic Violence. Going forward, we will be reaching out to all victims of crime.

4. The barriers identified for victims accessing services from our program are lack of knowledge of services available and services in different languages. We have built in to our program several responses to these barriers. First, training on victim services and trauma will be important for officers and supervisors of the police department. The Social Services Division has provided many hours of training for the police department on domestic violence, elder abuse, child abuse, human trafficking, dealing with the mentally ill, and how to engage and utilize social services. Trainings for new officers as well as continued training is planned for the program year. We have also provided officers with handouts and business cards to give to victims with program information that they can use on the scene. Brochures are placed in the lobby of the police department and Village Hall describing services available as well. Secondly, victim services are currently available in English and Spanish through the Village of Wheeling. When needed, victim services staff can call on other Village staff who speak Polish and Russian for interpretation. Other languages are available through the use of the telephone language line. When on-going services cannot be delivered on a consistent basis in the client's preferred language, referrals are made to connect clients to the most appropriate services in their preferred language. Clients will continue to receive court advocacy and accompaniment and court interpreters will be used at that time.

5. Our victim services program is structured in a way that provides trauma-informed care at all levels. As victims enter the program, our staff is trained

to understand the impact of trauma and victims state of mind. Our staff have also trained Wheeling Police officers in crisis theory to help front-line staff understand victims reactions and how to best provide comfort and support early on in the process. Our program is inclusive of all aspects of a client's situation understanding that there are far reaching impacts to victimization and support is provided to help restore security and control for victims as soon as possible. This usually occurs during the portion of our process we call crisis counseling, meetings held between court appearances during which clients and victim services discuss symptoms of trauma and the impacts of the crime on their wellbeing and that of their family. Court advocacy is also a significant part of the victim's healing process as the victim services staff supports the victim with whatever decision they make regarding their case.

6. As discussed, our program includes all aspects of the healing process for victims. Clients are engaged in services and self-define as victims. If court is a part of the process, once the court case concludes, staff will assess with the client the need for continued services and make appropriate referrals for counseling, basic needs such as financial assistance and child support, and any other areas identified by the client. As our program is designed to provide direct and immediate services, long-term counseling and supports referrals are put in place for victims at the conclusion of all services. Clients must be stable before cases are closed and services are terminated. Anniversary dates and other significant milestones are noted in staff calendars as reminders to reach out to clients to provide follow-up even after the cases have closed.

7. The Village of Wheeling Human Services Department victim services works collaboratively with many organizations and groups to maintain and improve services available for victims. Our program works within the Wheeling Police Department and consider that relationship to be the most important and strongest of all collaborations. Our program is embedded in the police department and works as part of the team of law enforcement professionals dealing with victims of crime in Wheeling. Our program works collaboratively with the Northwest Cook Children's Advocacy Center collaboratively providing services to child victims of abuse and neglect. Our Victim Services Coordinator as well as our Police Social Worker regularly attend the Family Violence Coordinating Council District Three meetings which include members of the Sheriff's office, court personnel, judges, and victim advocates from Between Friends and the many municipalities that provide victim services. These meetings are designed to keep all services to victims of family violence consistent and to deal with issues that may arise.

Our program also works with the court advocates from Between Friends which have been located at the District Three court house. When program staff are not available to accompany clients to court due to emergencies, etc., our staff reach out to Between Friends and make the direct referral for victims. Our staff coordinate these services with Between Friends Advocates as well as receive referrals from them of victims of crime from Wheeling.

Northwest Senior Services of Catholic Charities is also a collaborating partner in service to older adult victims of crime including victims of elder physical abuse and financial exploitation. Adult Protective Services investigators work closely with our victim services staff to provide needed services to these special victims and their families.

8. Victims of crime are notified of the Victims Compensation program through several means at the Wheeling Police Department. All victims of violent crimes are provided information at the time of the incident by the police officer. The form is from the Illinois Attorney General's office entitled "Written Statement and Explanation of Rights". Once the case is engaged by victim services, again the client is provided with Crime Victims Compensation information. Staff have brochures placed in their offices and posters in several languages are posted around the police department as well. If a client chooses to apply for compensation, victim services staff assist the client throughout the application process.

E. Staffing Plan

1. The Victim Services Coordinator, the position for which this grant is requesting funding, will be 100% dedicated to victim services. The roles and responsibilities of the position include: Perform crisis intervention services for victims at the request of police officers or other village employees as needed; provide support/advocacy services to victims; provide information and referral, in-person and via telephone, to victims; provide assistance in

obtaining orders of protection; provide coordination of volunteer advocacy group; develop good working relationships with other service providers, community organizations, and criminal justice personnel to provide assistance to victims; develop, coordinate and provide victim service related presentations to the public; provide interpretation for clients/victims/witnesses within police and court system; submit client data required on the provision of victim services; and participate in individual and group supervision as directed. This position will be located at the Wheeling Police Department and will report to the Director of Human Services. The anticipated funding source would be the VOCA grant funds and the corresponding Village of Wheeling matching funds.

The Police Social Worker position allocates 33% of their time to victim services. The roles and responsibilities include: Perform crisis intervention services at the request of police department, fire department or other village departments/employees as needed for victims and/or witnesses; provide short-term assessment and counseling for individuals, families, or groups when assigned and identified from case referrals through police, fire, community development or other village departments or members of the criminal justice system; after case evaluation, make follow-up recommendation and referrals to other social service or mental health agencies, or health care organizations; maintain electronic clinical files, input client information into data collection system in a timely manner, and prepare reports as required on the provision of social services; develop collaborative

working relationships with local social service providers, community organizations, and other village staff; develop, coordinate, and provide social service related education programs to identified segments as needed in the community; provide periodic formal and informal training to other village department personnel on issues relating to social services and the provision of social service; serve as court advocate for victims of violent crime; provide input with respect to training needs of village departments for interaction with special population groups; and participate in individual and group supervision as directed. This position is also located within the Wheeling Police Department and reports to the Director of Human Services. This position is supported with municipal funds.

The position of Director of Human Services allocates approximately 20% of their time to victim services in the form of clinical supervision, grant management, fund management, crisis intervention schedule and back-up support, and other supervisory duties. This position is located at the Wheeling Police Department as well and is supported with Wheeling municipal funds.

The final position allocating 20% of their time to victim services is the Human Services Staff Secretary. This position answers all program phone calls, prepares outreach letters to potential clients, enters client data into department database.

2. The qualifications for staff to work within the victim services program depend on their level of involvement. The Victim Services Coordinator is required to have at least a bachelor's degree in Social Work or related discipline and have

completed the 40 Domestic Violence Advocate and the 40 Sexual Assault Advocate training. The VSC is also required to speak Spanish as the demographics in the Village of Wheeling and the cases receiving services through the Human Services Department indicate a dire need for this skill. Experience in working with victims of trauma and trauma informed practice is critical for all positions. The Police Social Worker position also requires at least a bachelor's degree in social work or a related discipline. A master's degree is preferred. Language abilities in either Spanish or Russian is preferred as well with training in domestic violence, sexual assault, elder abuse, mental health issues, and many others. The Director of Human Services requires a master's in social work or a related discipline with a state license of either an L.C.S.W. or an L.C.P.C. The position requires experience in clinical supervision with a focus on working with those who work with victims of trauma.

3. The Director of Human Services assigns all cases in the program. Cases are assigned based on staff availability, language needs, and clinical expertise of staff. These cases are assigned and then discussed in the weekly staff meeting held with all program staff. Data is entered into a secure database maintained only for the social services division. Individual clinical supervision is provided to staff every other week where staff and director discuss cases and assess staff wellness and caseload availability. Much attention is paid to staff wellness as vicarious trauma is always a risk when working with victims of crime and their families.

4. Continuing education is always an important part of our services. Trauma skills training will be the focus of the first year of the grant. Our program will also be developing and delivering a trauma skills training to officers of the Wheeling Police Department, focusing on the new recruits and field training officers.
5. Through the training funds provided by the Village of Wheeling, the victim services staff will participate in other local trainings including topics such as crisis intervention, vicarious trauma and self-care, as well as participating in the National Organization of Victim Advocates national conference and training program. Staff are always in need of training on topics germane to their work with victims.
6. Addressed in #5
7. The Village of Wheeling as a whole works with many volunteers in many capacities. The Village has several board appointed commissions including the Board of health, the Village Pan Commission and the Senior Citizens Advisory Commission. These volunteers are appointed to two year terms and meet on a regular basis to address issues pertaining to their specific missions. The Wheeling Police Department has several volunteer groups as well. The Citizens Patrol is a community Volunteer group that is trained in crime prevention and community monitoring. These volunteers are extra eyes and ears for law enforcement and provide many hours of service to the Village and the Police Department in the areas of traffic control, crowd control, crime

prevention activities and community events. The Wheeling Police Department also hosts several sessions of their Citizens Police Academy where community members participate in training and learn the many facets of their police department. Once completing the Academy, citizens are encouraged to join the Wheeling Citizens Police Academy Alumni Association which raises funds for the Wheeling Police Department programs and needed equipment. The Human Services Department has several volunteer opportunities as well. The Community Assisted Relief Efforts, or CARE, is a volunteer group created to assist residents that may be displaced by natural disaster such as flooding or fires. These volunteers are training in Red Cross Shelter Management and have assisted the Village during recent flooding events. The Wheeling Pavilion Senior programming, through the Human Services Department receives many hours of volunteer service in the area of food preparation and service, clean up and set up of the Lunch at Pavilion Congregate Dining program for older adults. Volunteers also provide needed reception assistance at the current senior center and also teach about technology to eager senior learners. On a yearly basis, the Village of Wheeling reaps the benefit of more than 10,000 hours of volunteer service.

As an innovation to our victim services program, a volunteer advocacy group will be formed. This group will provide additional assistance to victims of family violence throughout the court process and beyond. In the past, the Victim Services Coordinator facilitated a support group for Spanish speaking women, survivors of family violence. Through this group of dedicated

women, our program plans to recruit several of them to increase their involvement and healing through participation in this volunteer opportunity. Women will be selected based on their availability and their willingness to participate in the 40 hour Domestic Violence Advocate training as well as ongoing training and preparation. Our initial goal will be to recruit three volunteers for the first year and ask their assistance in working out the logistical issues of the program. Moving forward, our goals are to increase the number of volunteers and perhaps add public speaking and program outreach to their responsibilities. The benefits of this program can hopefully be experienced both by the volunteers and the victims they assist.

8.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent ** |
|--------------------------------|-------------------------------------|--------------------------------------|--|
| Victim Services Coordinator | 1.0 | 100 | 1.0 |
| Police Social Worker | 1.0 | 33% | .375 |
| Director of Human Services | 1.0 | 20% | .25 |
| Human Services Staff Secretary | 1.0 | 20% | .25 |
| | | | |
| TOTAL | 4.0 | | 1.875 |

F. Implementation Schedule

| Task | Staff Position Responsible | Date Due |
|--|--|-----------------------------------|
| Begin Program with current staff | Program Administrator | Month One |
| Continue providing victim services to victims of crime | Victim Services Coordinator | Month One |
| Begin recruitment of volunteer advocates | Victim Services Coordinator | Month Two |
| Meet with Police Command Staff to determine schedule for Officer training on trauma | Director of Human Services | Month Two |
| Attend Family Violence Coordinating Council Meeting for District Three Court/and subcommittees of victim advocates | Victim Services Coordinator and Police Social Worker | Quarterly |
| Attend National Organization of Victim Advocates conference | Victim Services Coordinator | August 2018 |
| Plan National Crime Victim Rights Week Activities for the Village of Wheeling | Victim Services Coordinator and Director of Human Services | February 2018 |
| Celebrate national Crime Victim Rights Week | Victim Services Coordinator and entire program | April 2018 |
| Plan Domestic Violence Awareness Month activities | Victim Services Coordinator and Volunteer Advocates | July 2018 |
| Commemorate Domestic Violence Awareness Month | Entire Program | October 2018 |
| Develop continuing education plan for program staff | Director of Human Services | Month Two |
| Find and register volunteers for 40 Hour Domestic Violence Advocate training | Director of Human Services | Month Six |
| Submit quarterly data report to the Authority | | 15 th of every quarter |
| Submit quarterly fiscal reports to the Authority | | 15 th of every quarter |

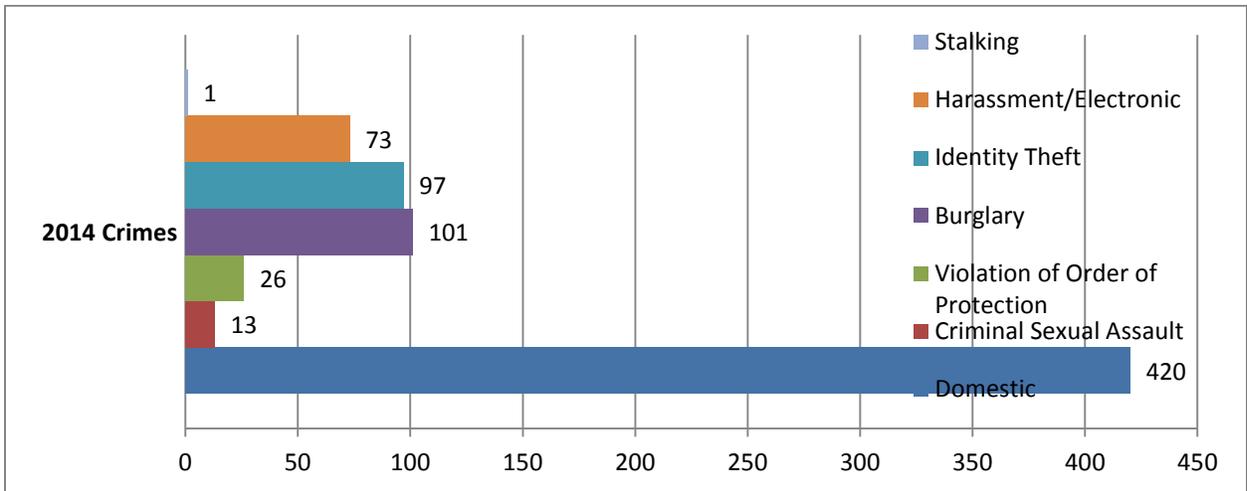
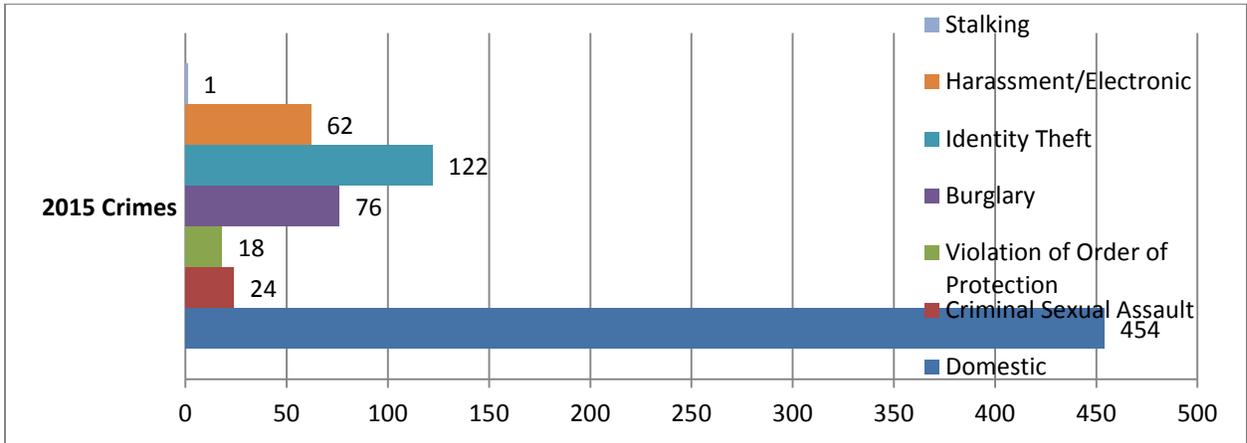
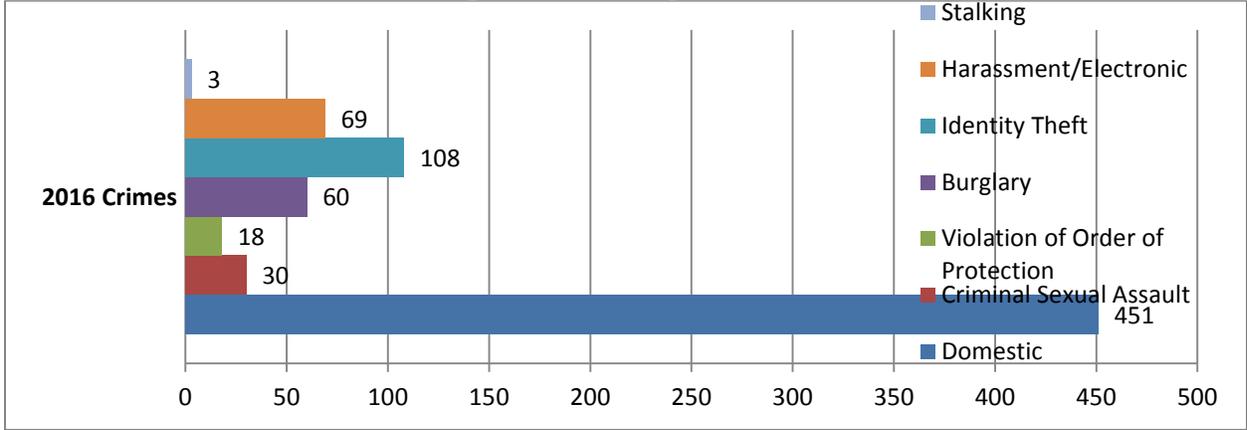
G. Goals, Objectives, and Performance Metrics

| Goal: To provide advocacy services to victims of crime. | |
|--|---|
| Objective | Performance Measure |
| <i>SCREENING</i> | |
| # 500 victims screened for eligibility by your agency. # 375 clients will be provided services by your agency. | # of victims screened for eligibility by your agency. # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred. # of clients provided services by your agency. |
| <i>INFORMATION & REFERRAL</i> | |
| # 200 clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. |
| # 300 clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. |
| # 100 clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred. # of times staff provided referrals to other victim service providers. |
| # 250 clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # ____ clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, supports, and resources. |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| #100 clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| #75 clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| #100 clients will receive assistance intervening with | # of clients provided with assistance intervening |

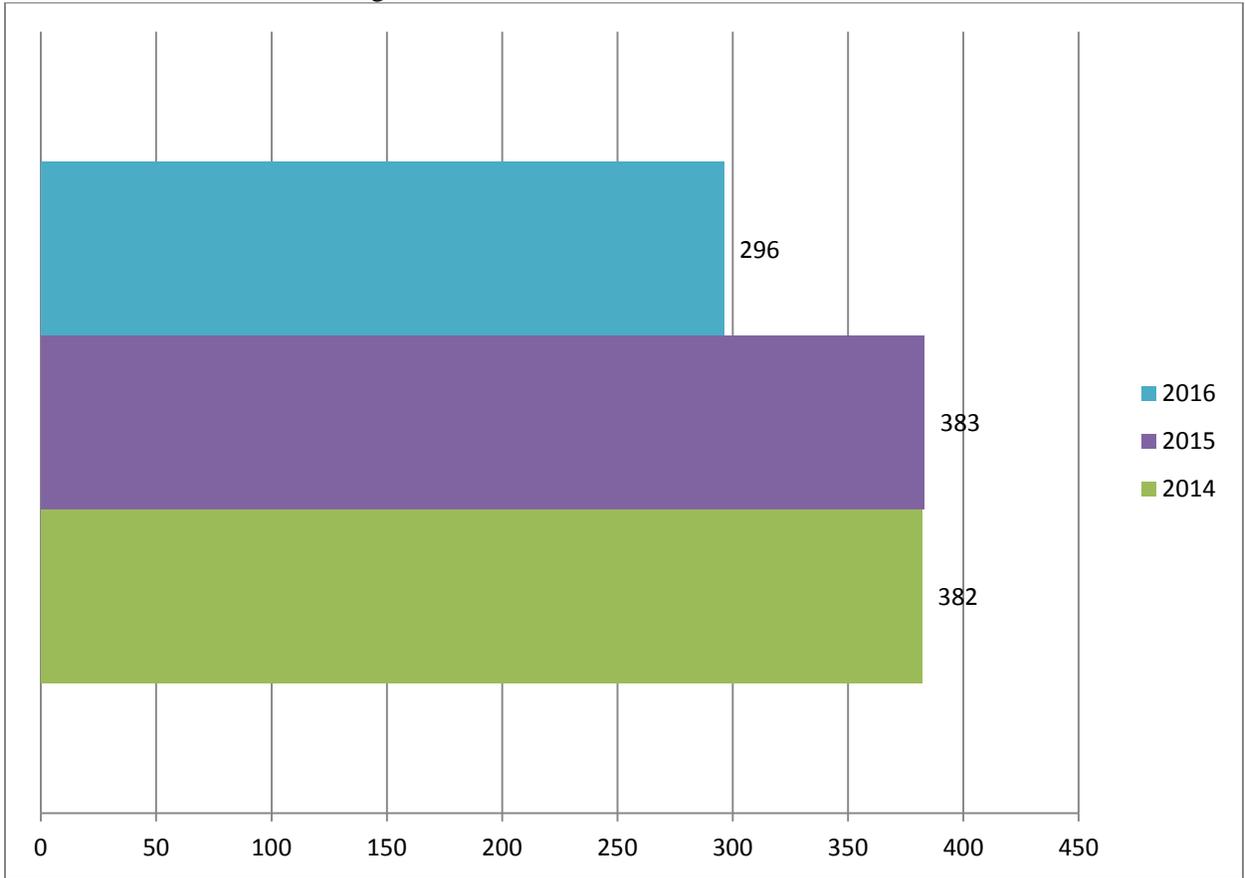
| | |
|---|---|
| an employer, creditor, landlord, or academic institution. | with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |
| #50 clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance. |
| #25 clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| #150 clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| # 20 clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # 10 clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # 35 clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| EMOTIONAL SUPPORT OR SAFETY SERVICES | |
| # 150 clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| SHELTER/HOUSING SERVICES | |
| # 75 clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |

| | |
|--|--|
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| # 200 clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | # of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events. |
| # 50 clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # 25 clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| # 75 clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |
| #200 clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. |
| <i>REQUIRED TRAININGS</i> | |
| #3 staff will receive training on trauma | # of staff trained # of trainings on trauma held |

Appendix A
 Village of Wheeling Human Services/Wheeling Police Departments
 Crimes Reported Involving Victim Services



Appendix B
Total Number of Victims of Crime Served in Wheeling
Through VOCA Funded Victim Services Coordinator



Appendix C



March 7, 2018

Mr. John Doe
123 Town Street
Wheeling, IL 60090

Dear Mr. Doe:

You have been referred to the Social Services Division of the Village of Wheeling Human Services Department due to an incident reported in September.

The Social Service Division provides services to residents of the Village of Wheeling who may be experiencing difficult situations and in need of support and resources. We offer assessment, short-term counseling, community referrals, and other resources as needed. We offer special services to victims of crime including court advocacy and orientation. If we may be of some assistance, now or in the future, please feel free to call the Social Service Division at (847) 459-2957. Please leave a message and a number at which you can be reached.

Sincerely,

Miriam Mayorga, Victim Services Coordinator
Social Services Division
Human Services Department
Village of Wheeling

jr

1 Community Blvd.
Wheeling, IL 60090



[Click Here to Email Form](#)

[Print](#)



**HUMAN SERVICES DEPARTMENT
SOCIAL SERVICES DIVISION – REFERRAL FORM**

Referral Date _____

Incident # _____

Incident Date & Time _____

REFERRED BY _____

SOURCE OF REFERRAL

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Fire | <input type="checkbox"/> Police | <input type="checkbox"/> Other |
| <input type="checkbox"/> Response Company | <input type="checkbox"/> Patrol | |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Youth | |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Investigations | |
| | <input type="checkbox"/> Communications | |
| | <input type="checkbox"/> Administration | |

NAME(S) _____ DOB/AGE _____

_____ DOB/AGE _____

ADDRESS _____

TELEPHONE (Home) _____ (Cell) _____

ALTERNATE CONTACT (Name) _____ (Phone) _____

TYPE OF PROBLEM (Check as many as apply)

- | | |
|--|--|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Senior Citizen |
| <input type="checkbox"/> Marital | <input type="checkbox"/> Elder Abuse |
| <input type="checkbox"/> Non-marital | <input type="checkbox"/> Self Neglect |
| <input type="checkbox"/> Parent/Child | <input type="checkbox"/> Multiple Calls |
| <input type="checkbox"/> Youth Problem | <input type="checkbox"/> Transport to Hospital |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Well being Check |
| <input type="checkbox"/> Runaway | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Delinquency | <input type="checkbox"/> Physical Impairments |
| <input type="checkbox"/> Tangible Services | <input type="checkbox"/> Mental Health |
| (Food, Housing, Financial) | <input type="checkbox"/> Victim/Witness Assist |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Order of Protection |
| (Alcohol/Drug) | |

SAFETY PRECAUTIONS REQUIRED & COMMENTS

| | | | |
|--|--|--|--|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Village of Wheeling | DUNS#: 079754586 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: January 1, 2018- December 31, 2018 |

All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." **Please read all instructions before completing form.**

SECTION A -- FEDERAL/STATE OF ILLINOIS FUNDS

| Revenues | Year 1 | | | |
|---|---------------|--|--|--|
| (a). State of Illinois Grant Amount Requested | \$ 111,647 | | | |

BUDGET SUMMARY - FEDERAL/STATE OF ILLINOIS FUNDS

| Budget Expenditure Categories <i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i> | Year 1 | | | |
|--|-------------------|--|--|--|
| 1. Personnel (Salaries & Wages) 200.430 | \$ 90,511 | | | |
| 2. Fringe Benefits 200.431 | \$ 19,291 | | | |
| 3. Travel 200.474 | \$ 1,845 | | | |
| 4. Equipment 200.439 | \$ - | | | |
| 5. Supplies 200.94 | \$ - | | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | \$ - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | \$ 111,647 | | | |
| 17. Indirect Costs* (see below) 200.414 | | | | |
| Rate: <u>0%</u> Base: \$ <u> </u> | \$ - | | | |
| 18. Total Costs State Grant Funds (lines 16 and 17) | \$ 111,647 | | | |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:

- 4) Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5)) Or;
 Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is _____%

5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|---------|
| Period Covered by the NICRA: | _____ |
| Approving Fed/State Agency (please specify): | _____ |
| The Indirect Cost Rate is: | _____ % |
| The Distribution Base is: | _____ |

| | | | |
|---|--|---|---|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Village of Wheeling | DUNS#: 079754586 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: January 1, 2018- December 31, 2018 |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

| | | |
|--|--|------------------------------------|
| Village of Wheeling | | Department of Human Services |
| _____ | _____ | _____ |
| Name of Applicant Institution/Organization | Name of Applicant Institution/Organization | Institution/Organization |
| _____ | _____ | _____ |
| Signature | Signature | Signature |
| _____ | _____ | _____ |
| Name of Official | Name of Official | Name of Official |
| _____ | _____ | _____ |
| Title | Title | Title |
| Chief Financial Officer (or equivalent) | Executive Director (or equivalent) | Executive Director (or equivalent) |
| _____ | _____ | _____ |
| Date of Signature | Date of Signature | Date of Signature |

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | | |
|--|---------------------|---------------|---|--------------------------|-----------------------------------|
| Grantee (or Subgrantee) DUNS: | 79754586 | | | | |
| Grantee (or Subgrantee) Name: | Village of Wheeling | | | | |
| Grantee (or Subgrantee) DBA: | Village of Wheeling | | | | |
| Grantee (or Subgrantee) Address: | 2 Community Blvd. | | | | |
| City: | Wheeling | State: | IL | 60090-4726 | Congressional District: 10 |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | | |
| City: | Wheeling | State: | IL | Zip+4: 60090-4726 | Congressional District: 10 |
| Grant #: | Award Amount: \$ | | 111,647 Project Period: January 1, 2018-December 31, 2018 | | |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | | |
| CSFA Short Description: VOCA FFY16 | | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | | |
| Yes <input checked="" type="checkbox"/> If yes, you are not required to provide data. | | | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | | |
| Please provide names and total compensation of the top five officials: | | | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |

Section C - Budget Worksheet & Narrative

5. Supplies (2 CFR 200.94) --List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Supply Items | Computation | | | Federal/State Amount | Match | Total Cost |
|--------------|-----------------------|------|---|----------------------|-------|------------|
| | Quantity/ Duration | Cost | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| <i>Total</i> | | | | \$ | - | \$ |
| | | | | - | \$ | - |
| | | | | \$ | - | \$ |
| | | | | - | \$ | - |

Supplies Narrative:

- No supplies will be requested through this grant.

Section C - Budget Worksheet & Narrative

6. Contractual Services (2 CFR 200.318) & Subawards (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88). **However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information.** This budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | | | Federal/State Amount | Match | Total Cost | | | |
|--------------|----------------|-------|----------------|---|----------------------|-------|------------|---|----|---|
| | Cost per Basis | Basis | Length of Time | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| Total | | | | | \$ | - | \$ | - | \$ | - |

Contractual Narrative:

- No contracted services will be requested through this grant.

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| | | | | | \$ - |

Indirect Cost Narrative:

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Institution/Organization

Signature

Signature

Name of Official

Name of Official

Title
Chief Financial Officer (or equivalent)

Title
Executive Director (or equivalent)

Date of Signature

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-Statel funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|-----------------------------------|-----------------------------|---------------------|----------------------|
| <i>1. Personnel</i> | \$ 90,511.00 | \$ 22,367.00 | \$ 112,878.00 |
| <i>2. Fringe Benefits</i> | \$ 19,291.00 | \$ 24,440.00 | \$ 43,731.00 |
| <i>3. Travel</i> | \$ 1,845.00 | \$ - | \$ 1,845.00 |
| <i>4. Equipment</i> | \$ - | \$ - | \$ - |
| <i>5. Supplies</i> | \$ - | \$ - | \$ - |
| <i>6. Contractual Services</i> | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <i>16. Indirect Costs</i> | \$ - | \$ - | \$ - |
| <i>TOTAL PROJECT COSTS</i> | \$ 111,647.00 | \$ 46,807.00 | \$ 158,454.00 |

| | | | | | |
|---|--|---|--|---|---|
| ICJIA Agency Approval | | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Village of Wheeling | | DUNS#: 079754586 | | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 | Project Period: January 1, 2018- December 31, 2018 |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.
4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.
5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.
- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|--|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | 202033, 204033, 204533, 206033, 206033, 206233, 208033, 209033, 210033, 21033, 211233, 13033, 212233, 215033 |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | N/A |
| 12. | CFDA Title | N/A |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|---|---|
| 22. | Legal Name | (Name used for DUNS registration and grantee pre-qualification.) Whiteside County |
| 23. | Common Name (DBA) | Whiteside County |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 36-60006657 |
| 25. | Organizational DUNS number | 139632587 |
| 26. | SAM expiration date | 6/30/2018 |
| 27. | SAM Cage Code | 5H6D5 |
| 28. | Business Address | Street address: 200 East Knox Street City: Morrison State: Illinois County: Whiteside Zip + 4: 61270-2938 |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|-------------------------|------------------------|
| 29. | First Name | Ashley |
| 30. | Last Name | Tegeler |
| 31. | Suffix | Mrs. |
| 32. | Title | Victim's Assistant |
| 33. | Telephone Number | 815-772-5194 |
| 34. | Fax Number | 815-772-4299 |
| 35. | Email address | ategeler@whiteside.org |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|-------------------------|------------------------|
| 36. | First Name | Ashley |
| 37. | Last Name | Tegeler |
| 38. | Suffix | Mrs. |
| 39. | Title | Victim's Assistant |
| 40. | Telephone Number | 815-772-5194 |
| 41. | Fax Number | 815-772-4299 |
| 42. | Email address | ategeler@whiteside.org |

Program Agency Information (If different from Implementing Agency)**

| | | |
|-----|-----------------------------------|---|
| 43. | Legal Name | (Name used for DUNS registration.) Whiteside County State's Attorney's Office |
| 44. | Organizational DUNS number | 828920988 |
| 45. | SAM expiration date | 4/27/2018 |
| 46. | SAM Cage Code | 5KU19 |
| 47. | Business Address | Street address: 200 East Knox Street City: Morrison State: Illinois County: Whiteside Zip + 4: 61270-2938 |

| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
|---|---|--|
| 48. | First Name | Ashley |
| 49. | Last Name | Tegeler |
| 50. | Suffix | Mrs. |
| 51. | Title | Victim's Assistant |
| 52. | Telephone Number | 815-772-5194 |
| 53. | Fax Number | 815-772-4299 |
| 54. | Email address | ategeler@whiteside.org |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | (If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.) Whiteside County Courthouse in Morrison and Eastern Branch Court Facility in Sterling (all Whiteside County State's Attorney's Office) |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 17 State Senate District: 36 State Representative District: 71 |
| 57. | Primary Area of Performance | (This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.) Whiteside County – Eastern Branch Court Facility – Sterling, Illinois 61081-7507 |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 17 State Senate District: 36 State Representative District: 71 |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | (Text only for the title of the applicant's project.) Victim's Services |
| 60. | Proposed Project Term | Start Date: January 1, 2018 End Date: December 31, 2018 |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$40,000 <input type="checkbox"/> Budgeted Amount: \$40,000 <input type="checkbox"/> Match: \$10,000 <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ <p style="text-align: right;">Total Amount : \$50,000</p> Indirect cost rate: ___% |
| Applicant Certification: | | |
| <p>By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> | | |

(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

I agree

Implementing Agency Authorized Official (Director, President, Chair, or similar position)

| | | |
|-----|--|------------------------|
| 62. | First Name | Jim |
| 63. | Last Name | Duffy |
| 64. | Title | Whiteside County Chair |
| 65. | Telephone Number | 815-772-5100 |
| 66. | Fax Number | N/A |
| 67. | Email address | WCAdmin@whiteside.org |
| 68. | Signature of Authorized Representative | [Redacted] |
| 69. | Date Signed | 10-16-11 |

Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.)

| | | |
|-----|--|----------------------------|
| 70. | First Name | Darlene |
| 71. | Last Name | Hook |
| 72. | Title | Whiteside County Treasurer |
| 73. | Telephone Number | 815-772-5196 |
| 74. | Fax Number | 815-772-5244 |
| 75. | Email address | treasurer@whiteside.org |
| 76. | Signature of Authorized Representative | [Redacted] |
| 77. | Date Signed | 10-12-11 |

Program Agency Authorized Official

| | | |
|-----|--|-----------------------------------|
| 78. | First Name | Terry |
| 79. | Last Name | Costello |
| 80. | Title | Whiteside County State's Attorney |
| 81. | Telephone Number | 815-772-5194 |
| 82. | Fax Number | 815-772-4299 |
| 83. | Email address | statesattorney@whiteside.org |
| 84. | Signature of Authorized Representative | [Redacted] |
| 85. | Date Signed | 10-11-11 |

** ICJIA specific modification to GATA form

PROGRAM NARRATIVE

(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font and **double-spaced** with 1 inch margins and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- [X] County state's attorney
- County sheriff's department
- Local police department
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

*Victim services agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Offer new types of services.
- Serve additional victim populations.
- [X] Continue existing services to crime victims.*

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

The victim's services will be provided out of the Whiteside County State's Attorney's Office in both the Whiteside County Courthouse in Morrison and Eastern Branch Court Facility in Sterling, both located in Whiteside County. The Whiteside County Sheriff's Department coordinates with the Whiteside County State's Attorney's Office to help locate victims and meet with them to collect statements. Victim's may need to be located if updated contact information is not provided when a police report is taken and the Sheriff's Department helps with this endeavor. The Sheriff's Department is also trained to inform victims that services will be provided to them by the Victim's Assistants in the Whiteside County State's Attorney's Office and contact information for the Victim's Assistants is provided to victims. The Victim's Assistants in the Whiteside County State's Attorney's Office also work closely with the local domestic violence shelter, the YWCA, to coordinate victim's services to victims of domestic violence related crimes. Our office provides assistance with orders of protection as well as accompaniment to scheduled court proceedings. There are many victims whom are unaware of the services that referral agencies within our community can offer outside of the state's attorney's office. The YWCA is a great outside resource that is utilized by our office to provide additional support to victims of domestic violence. The YWCA helps victims by providing immediate shelter to escape a dangerous or abusive environment. They also provide counselling and group services to victims and their families of domestic violence or sexual assault. We also work with the April House, a local child advocacy center, where forensic interviews are done. The April House interviews children who are witnesses to crimes and who are victims of crime. If an interview reveals information that warrants charges being filed, we work with the child and their family throughout the entire judicial process. Letters of support have been provided

from the above referenced agencies, the Whiteside County Sherriff's Department, April House Children's Advocacy Center, and the YWCA. These letters indicate the support for the efforts and services the Victim's Assistants provide to crime victims in Whiteside County. These support letters can be provided upon request.

A. Statement of Problem

1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.

The service area that this program would mainly serve would be victims in the Eastern Branch Court Facility in Sterling in Whiteside County. Additionally, a small percentage of services would also be provided for continued services to victims in the courthouse in Morrison in Whiteside County. The Eastern Branch Court Facility is located in the highest populated city within Whiteside County and deals with mainly misdemeanor and traffic based offenses. However, this facility is the sole prosecution agency for all juvenile offenses within Whiteside County. These cases comprise largely of felony offenses, making up the majority of violent crime offenses out of the Eastern Branch Court Facility. Victims of juvenile offenses make up the underserved population of victims in Whiteside County. Without these services provided by the Victim's Assistant out of the Eastern Branch Court Facility, these victims would not receive any victim services throughout the prosecution of these cases. The Victim's Assistant provides services to help familiarize victims of juvenile offenders with the differences in court procedure between juvenile and adult court. In the last year, there has been an increase in violent crime among juvenile offenders. Currently,

Whiteside County is prosecuting a juvenile murder case in which the offender allegedly murdered her mother. This has resulted in the Victim's Assistant dedicating a great portion of her time and resources to providing crisis counselling and emotional support to the victims. She has also provided the victims referrals to outside agencies where professional counselling services are available. Having the funds from this VOCA program would allow for the Victim's Assistant to be more available to these victims and provide the ample services necessary as this is a challenge currently due to her part-time status.

2. Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.

One strength of the community is that there are many close knit agencies that easily work together towards common goals of providing victims services. Currently, the Victim's Assistants meet with the Family Violence Coordinating Council on a quarterly basis to network and establish ideas of where services can be provided and improved to victims of family violence and violent crime. Another strength is the responsiveness and attention that law enforcement, prosecution, and social service agencies provide immediately to victims of violent crime. There are services and outreach provided to victims on an immediate basis once a violent crime has been reported to law enforcement. One challenge for the community in reference to violence is the rural population of the county. Even with the rural population, instances of violent crime do continue to be a regular occurrence. This creates a challenge in providing outreach and services to victims of community violence. While outside agencies and the services they provide are invaluable to the victims of violent crime, there is often a limit of availability of these services due to the rural population of Whiteside County.

Another challenge is providing adequate services within the program of victims of violent crime that are underserved. As mentioned previously, there is currently only one part-time Victim's Assistant that handles all victim services of juvenile offenses. Due to the limited availability of the Victim's Assistant, she is restricted on when services can be provided. Whiteside County has seen an increase in juvenile crime within the last year resulting in an increase in the number of victims to be served.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

1. Please provide a *brief* description of your entire organization, including unit descriptions and staffing.

The Whiteside County State's Attorney's Office is a constitutional office existing pursuant to the 1970 Illinois Constitution and other statutory provisions. The State's Attorney and his staff spend the majority of their time dealing with criminal cases. In their efforts to prosecute persons alleged to have violated criminal statutes in the State of Illinois, one of the prior State's Attorney became aware of the special needs and concerns of the victims of those crimes. In an attempt to better serve those victims and the population of the county, the State's Attorney sought funding to provide a program of services to the victims of crime. Under a grant administered by Whiteside County, the State's Attorney received funds to initiate such a program. On August 1, 1986 the program of services to victims of crime in Whiteside County became an official component of the State's Attorney's Office.

2. What, if any, other victim services does your agency provide? Include examples of how

these services are coordinated with the VOCA funded victim service activities.

The state's attorney's office also provides victim services to the Morrison Courthouse in Whiteside County that is funded through the Illinois Attorney General's Office through the VCVA grant. These services are coordinated with the VOCA funded victim service activities by responding to the needs and concerns of victims and witnesses of criminal acts in Whiteside County. Case notification, criminal justice information, assistance with obtaining an order of protection, restitution assistance and witness on call/call off are just a few of the services provided by the program. The VOCA funded portion of the program operates mainly out of the Eastern Branch Court Facility in Sterling and is the main recipient of this grant. The remainder of the program operates from the main court facility, the Whiteside County Courthouse, in Morrison and provides services to the victims of felony crime and misdemeanor crime which occurs in the western part of the county.

3. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

| Type of staff | Number of staff |
|--|-----------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 2 |
| Number of managerial staff | |
| Number of administrative support staff | .5 |

4. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.

This program would serve victims in Whiteside County in both the Whiteside County Courthouse in Morrison and the Eastern Branch Court Facility located in Sterling.

C. Agency Capacity and Experience

1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

As stated previously, victim's services were introduced into the Whiteside County State's Attorney's Office in 1986. Victim's services have continued to be utilized under various grant funding to victims of violent crime. The number of victims that were provided services under the VOCA funding from September 2016 to the most recently reported statistics in June 2017 were 125 new clients and 297 ongoing clients. These services include receiving written notification prior to all defendant court appearances. In instances of bodily harm, victims are contacted by the Victim's Assistant by phone or in person. All victims of misdemeanor and juvenile crimes of domestic battery, assault, sexual abuse, battery and property crimes receive written notification as well. Court accompaniment is provided to those victims who wish to attend hearings. Emotional support, crisis counseling and referral are also included in the program. Other services provided include preparation to testify at trial, information about the criminal justice system, assistance with property release from evidence, information about bond condition restrictions, assistance with securing orders of protection, assistance with restitution, information about and assistance completing the Crime Victim Compensation form, information about and assistance with registering with AVN, assistance with interpreter services for non-English speaking victims and witnesses, and transportation if needed for hearings or trial. An integral part of the successful prosecution of a defendant is the informed participation of the victim. This program strives constantly to facilitate victims to become part of the prosecution team. Many of the same services provided to victims are also provided to witnesses. These services include case

notification, preparation for trial, emotional support, notification of any changes in dates or times, information about the criminal justice system and information about registering with AVN. This program generally does not provide services to victims of crime that have not been reported to law enforcement. In those instances appropriate referrals are made.

2. If your agency not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.

Our agency does have a history of providing services for specific focus areas as described in the application.

3. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.

The victim services in Whiteside County have been grant funded since the inception of the program in 1986. Currently, the full-time Victim's Assistant position is funded by the VCVA grant through the Attorney General's Office in Illinois. The current part-time Victim's Assistant in the Eastern Branch Court Facility is funded by VOCA funds from the Illinois Criminal Justice Information Authority. The full-time position allows for a yearly budget of \$29,500 for direct victim's services. The part-time position is currently budgeted for \$22,480 for an 18 month budget to conclude December 31, 2017. Quarterly fiscal reports and final reports are submitted in a timely fashion to corresponding grant monitors and are reviewed and signed off on by the Whiteside County Treasurer and Whiteside Country State's Attorney.

4. If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.

Current VOCA funds are used for direct services to victims on a part-time basis out of the Eastern Branch Court Facility in Sterling Illinois in Whiteside County. These services are provided at 22 hours per week. These VOCA funds from this application will primarily be used to continue these existing services, but also increase victim's services from part-time to full-time hours out of the Eastern Branch Court Facility. As a result of the increase in hours of service per week, more time can be spent assisting victims and providing necessary services that were otherwise not feasible. The VOCA funds will also be used to expand services to victims in the Whiteside County Courthouse in Morrison. Victim's services are already provided to victims in this office through the VCVA grant with the Illinois Attorney General's Office. Currently, the VCVA grant allows for 27 hours of direct services to victims. The remaining VOCA funds not used to fund services in the Eastern Branch Court Facility, will be used in the Whiteside County Courthouse in Morrison to provide an additional 2 hours of service per week to victims (104 additional hours for the reporting period. Without the funds from this opportunity, services to crime victims in the Eastern Branch Court Facility of Whiteside County will no longer receive services.

5. Describe how your agency will financially sustain the program at the end of the three-year funding period.

There is no plan for the continuation of this program without VOCA funding. There is no other source for funding available.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state's attorney's offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:
 - a) How victims will be screened for eligibility,
 - b) How referrals will be made for services,
 - c) How services will be available for all victims of crime,
 - d) Location of victim service staff within law enforcement agency or state's attorney's office, and
 - e) Coordination of services with other victim service staff.

Victims are screened for eligibility based on the nature of the crime they are a victim of. All victims of violent crime are eligible to receive services provided by the Victim's Assistant. Again, all victims that are eligible for victim services as defined above will be given referrals to outside agencies that are appropriate in providing additional services. For example, a victim of a domestic battery will be given referral information for the local YWCA shelter which can assist the victim with shelter needs or counselling. All criminal cases that have a victim will be given written notification as well as contacted by telephone to inform of scheduled court proceedings. The Victim's Assistants will be located within the state's attorney's office of their corresponding agency – the Whiteside County Courthouse located in Morrison and the Eastern Branch Court Facility located in Sterling. Many criminal cases are intermittently exchanged between the Morrison and Sterling state's attorney's office and collaboration between Victim's Assistants is crucial in maintaining contact and updates with victims to ensure they are kept up to date during the criminal prosecution process.

2. Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.

This agency has been providing victims with direct services since 1986 through funding opportunities, including VOCA programs. As described previously, these services include case notification, preparation for trial, notification of any changes in dates or times, emotional support, information about the criminal justice system and information about registering with AVN. Victims will also receive written notification prior to all defendant court appearances. In instances of bodily harm, victims are contacted by the Victim's Assistant by phone or in person. These include victims of misdemeanor and juvenile crimes of domestic battery, assault, sexual abuse, battery, and property crimes receive written notification as well.

3. Project the number of clients to be served during the grant period. Explain and justify this projection.

The projected number of clients to be served, including new and ongoing clients, would be 200. With the increase in hours, services will be provided to victims between both court facilities in Whiteside County. Generally speaking, the number of new and ongoing victims served in a yearly basis consists of 120-150 victims. There was an especially high rate of victims served in the past year due to an increase in juvenile offenses that comprised of 20 victims each. Due to the increase in juvenile crime, and increase in hours of services provided on a weekly basis, the Victim Assistants will strive to serve 200 clients during the grant period.

4. Describe known barriers to victims accessing victim services and how your agency will address these.

A barrier found to implementing this program is that often times the part-time Victim's

Assistant is playing “phone tag” with victims. The part-time Victim’s Assistant is only in the office primarily during morning hours, and often finds that she is sending and receiving voicemail messages with victims, but struggles to actually find an opportunity to speak with them in person or by phone. She has experienced a barrier with getting little or no involvement from victims once criminal charges are filed and their involvement is encouraged. This primarily seems to be consistent in battery based offenses where the victim(s) will request to dismiss the case and want no involvement in the criminal justice process. However, it is always expressed to the victims that criminal charges may still be pursued even with their desire to dismiss and without their involvement. The Victim’s Assistant always provides victims in these situations with her contact information and refers them to outside agencies that may assist them.

5. Describe how the program design will incorporate trauma-informed care, as described in *Attachment 1* of the Notice of Funding Opportunity.

The Victim’s Assistants will participate in training opportunities to become familiarized with the effects of trauma on victims. Through these trainings, the Victim’s Assistants will learn effective ways to help victims understand their circumstances and provide emotional support throughout the criminal prosecution process. The Victim’s Assistants will incorporate ways to prevent re-traumatization to the victim(s). This will include taking measures to accommodate the victim in feeling more comfortable during testimony in trial. It is understood by the Victim’s Assistants that having to relive these events may trigger traumatic feelings to the victim and it is crucial to make the victim aware of this understanding from the Victim’s Assistant, attorney’s, and judges. The Victim’s Assistants will also address how this trauma can affect different areas of the victim’s life including family, work, personal, etc. The Victim’s Assistants will provide peer support and emotional stability to the victim throughout the criminal

prosecution process.

6. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.

The Victim's Assistants will work with victims to include them as an integral part of the prosecution process of the criminal case. However, there are victims who are reluctant to participate in prosecution matters. These victims will still receive information regarding scheduled court proceedings and will be given their rights as violent crime victims. These victims will also receive referral information to outside agencies that can provide shelter or counselling as well as information regarding financial assistance programs. When a criminal case has concluded, the Victim's Assistants will refer the victim to appropriate follow up agencies so they may continue to receive updated information regarding the status of the defendant. In the event that a defendant is sentenced to the Department of Corrections or Illinois Department of Juvenile Justice, the Victim's Assistants will refer the victims to a contact person through DOC or IDJJ who will keep the victim informed of the status of the defendant. In the event that the defendant is sentenced to probation, the Victim's Assistant will refer the victim to the Whiteside County Court Services and provide them with a contact person who will keep them informed of the defendant's status.

7. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

Collaborative partners with victim's services include local law enforcement agencies, the local YWCA shelter for domestic violence victims, the April House child advocacy center, and the Whiteside County Court Services. Local law enforcement help with the apprehension and

prosecution of criminal offenders as well as locating victims who may have been unable to be located to ensure they are offered the opportunity to participate in victim services. The YWCA collaborates with victim services to assist victims in obtaining Orders of Protection as well as providing shelter and immediate housing to victims of domestic violence. The April House Children's Advocacy Center conducts forensic interviews of children who may be the victim of physical or sexual abuse. Whiteside County Court Services informs the state's attorney's office when a defendant is not complying with an order or probation so a violation of probation may be filed.

8. Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program.

*Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.

When initial charges are filed, a victim is sent a letter with the defendant's criminal charge and court date information. Information about the Crime Victim's Compensation fund is included in that mailing. Follow up phone calls are made to victims who may be eligible for compensation, to offer assistance, and answer questions regarding the fund application process. Compensation program informational posters are displayed in the lobby area of the court facility.

E. Staffing Plan

1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.

With the proposed award money from this grant opportunity, the program will consist of two full-time Victim's Assistants. The Whiteside County Courthouse in Morrison will supervise

over the Eastern Branch Court Facility Victim's Assistant in Sterling. The Eastern Branch Court Facility will be solely funded by VOCA funds. The Morrison Victim's Assistant will receive a small portion of the VOCA funds to increase hours of victim services provided weekly. The majority of the funds for the Victim's Assistant's position will remain funded by the VCVA through the Illinois Attorney General's Office.

2. What are the primary qualifications of program-funded staff (education, language skills, etc.)?

The primary qualifications for this position are an understanding of the criminal justice system and the ability to empathize and communicate with victims. Currently both Victim's Assistants have Bachelor's Degrees in Law Enforcement and Justice Administration as well as minor studies in Psychology. Both have previous work experience in the criminal justice field and social service field.

3. Describe how cases are coordinated and supervised within the agency.

Currently, the full-time Victim's Assistant oversees this program under the supervision of the Whiteside County State's Attorney.

4. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

The Victim's Assistants will participate in training opportunities to inform and educate on the effects of trauma on crime victims. These skills will be implemented when working with victims of trauma. The Victim's Assistants will ensure that the victim(s) is able to feel a sense of trust and safety in working with the Victim's Assistants during the criminal prosecution process. It is important for the victim to know that they are able to voice their thoughts and opinions and

these will be taken seriously. The Victim's Assistants will work with the victim to establish how this trauma can affect their personal life in the aspects of work, family, etc. The Victim's Assistants will work with the victim to provide emotional support while recognizing the signs and symptoms of trauma on the victim and their family.

5. What other training needs have you identified for staff funded under this program?

Ongoing training is necessary to maintain the high standard of services provided and to remain up to date on the current trends in Victim's Services. Both Victim's Assistants will apply for the Victim's Assistance Academy that is conducted on a yearly basis. Also, trauma based training will be utilized.

6. How will you address those training needs? If you are unable to address those needs, please explain why.

Both Victim's Assistants applied for the Victim's Assistance Academy in an effort to further their training. However, both were not accepted for the last academy. Both will apply to any future academy dates as they become available. They will also attend other training opportunities as they become available.

7. Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.

Our agency does not utilize any volunteers.

8. Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent ** |
|---------------------------------------|-------------------------------------|--------------------------------------|--|
| <i>Example: Volunteer Coordinator</i> | .50 | 100 | .5 |
| <i>Example: Advocate</i> | .75 | 50 | .375 |
| Victim's Assistant | 1 | 100 | 1.00 |
| Victim's Assistant (Supervisor) | 1 | 5 | .05 |
| | | | |
| TOTAL | | | |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted if application is funded.

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|--|-----------------------------------|-----------------------------------|
| <i>Example: Hire Staff</i> | <i>Program Administrator</i> | <i>Month One</i> |
| <i>Example: Train Staff</i> | <i>Training Coordinator</i> | <i>Month One</i> |
| Train Staff | <i>Program Supervisor</i> | Month One |
| | | |
| | | |
| If applicable, submit subcontract to Authority for review and approval | | |
| Submit quarterly data report to the Authority | | 15 th of every quarter |
| Submit quarterly fiscal reports to the Authority | | 15 th of every quarter |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional

support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

Tracks I and II Goals, Objectives, and Performance Measures:

| Goal: To provide advocacy services to victims of crime. | |
|---|---|
| Objective | Performance Measure |
| <i>SCREENING</i> | |
| # <u>200</u> victims screened for eligibility by your agency. # <u>200</u> clients will be provided services by your agency. | # of victims screened for eligibility by your agency. # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred. # of clients provided services by your agency. |
| <i>INFORMATION & REFERRAL</i> | |
| # <u>200</u> clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. |
| # <u>200</u> clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. |
| # <u>200</u> clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred. # of times staff provided referrals to other victim service providers. |
| # <u>200</u> clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # <u> </u> clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, |

| | |
|---|---|
| | supports, and resources. |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| # <u>100</u> clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| # <u>100</u> clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| # <u>20</u> clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |
| # <u>20</u> clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance. |
| # <u>20</u> clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| # <u>20</u> clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| # <u>20</u> clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # <u>20</u> clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # <u>20</u> clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., |

| | |
|--|---|
| | help creating a budget, repairing credit, providing financial education). |
| EMOTIONAL SUPPORT OR SAFETY SERVICES | |
| # <u>50</u> clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| SHELTER/HOUSING SERVICES | |
| # <u>20</u> clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE | |
| # <u>200</u> clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | # of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events. |
| # <u>200</u> clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # <u>100</u> clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| # <u>30</u> clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |
| # <u>100</u> clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. |
| REQUIRED TRAININGS | |
| # <u>2</u> staff will receive training on trauma | # of staff trained # of trainings on trauma held |

Additional Track II Goals, Objectives, and Performance Measures:

| | |
|---|--|
| REQUIRED TRAININGS | |
| # <u>N/A</u> of individuals interviewed to become a CASA volunteer. | # of individuals interviewed to become a CASA volunteer. |

| | |
|---|---|
| | # of individuals offered a volunteer CASA position. |
| # <u>N/A</u> of volunteer trainings to be held. | # of volunteer trainings held. # of volunteers trained. |
| # <u>N/A</u> of current CASA volunteers. | # of current CASA volunteers. |
| # <u>N/A</u> of cases to be reviewed and assigned to advocates. | # of cases reviewed and assigned to advocates. # of clients served by advocates. # of supervision meetings held with advocates. |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
 Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is _____%

5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|---------|
| Period Covered by the NICRA: | _____ |
| Approving Fed/State Agency (please specify): | _____ |
| The Indirect Cost Rate is: | _____ % |
| The Distribution Base is: | _____ |

| | | | |
|--|---|---|--|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Whiteside County | DUNS#: 36-60006657 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: January 1, 2018 to December 31, 2018 |

If you are required to provide or volunteer to provide cost-sharing, matching funds, other funding or contributions to the project, these should be shown for each applicable budget category. All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." Please read all instructions before completing form.

SECTION B -- MATCH FUNDS

| Program Revenues | Year 1 | | | |
|---|------------------|--|--|--|
| Grantee Match Requirement: ___% (ICJIA to populate only if match is required) | | | | |
| (b). -Cash | \$ 8,466 | | | |
| (c). -Non-cash | \$ 1,534 | | | |
| (d). Other Funding & Contributions | | | | |
| NON-STATE Funds Total | \$ 10,000 | | | |

BUDGET SUMMARY MATCH FUNDS

| Budget Expenditure Categories <small>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</small> | Year 1 | | | |
|---|------------------|--|--|--|
| 1. Personnel (Salaries & Wages) 200.430 | \$ 7,211 | | | |
| 2. Fringe Benefits 200.431 | \$ 2,369 | | | |
| 3. Travel 200.474 | \$ 100 | | | |
| 4. Equipment 200.439 | \$ 320 | | | |
| 5. Supplies 200.94 | \$ - | | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | \$ - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | \$ 10,000 | | | |
| 17. Indirect Costs* (see below) 200.414 | | | | |
| Rate: _____ % Base: _____ | \$ - | | | |
| 18. Total Costs NON-ICJIA (Match) Funds (lines 16 and 17) | \$ 10,000 | | | |

| | | | |
|--|--|---|---|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Whiteside County | DUNS#: 36-600006657 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: January 1, 2018 to December 31, 2018 |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

| Implementing Agency | | Program Agency |
|--|--|---|
| Whiteside County Name of Applicant Institution/Organization | Whiteside County State's Attorney's Office Name of Applicant Institution/Organization | Whiteside County Institution/Organization |
| _____ Signature | _____ Signature | _____ Signature |
| Darlene Hook Name of Official | Terry Costello Name of Official | Jim Duffy Name of Official |
| Treasurer Title Chief Financial Officer (or equivalent) | Whiteside County State's Attorney Title Executive Director (or equivalent) | Whiteside County Board Title Executive Director (or equivalent) |
| _____ Date of Signature | _____ Date of Signature | _____ Date of Signature |

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | | |
|--|--|----------------|----------|---------------|------------|
| Grantee (or Subgrantee) DUNS: | 828920988 | | | | |
| Grantee (or Subgrantee) Name: | Whiteside County State's Attorney's Office | | | | |
| Grantee (or Subgrantee) DBA: | Whiteside County | | | | |
| Grantee (or Subgrantee) Address: | 200 East Knox Street | | | | |
| City: | Morrison | State: | Illinois | Zip+4: | 61270-2938 |
| Congressional District: | 17 | | | | |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | | |
| City: | Morrison | State: | Illinois | Zip+4: | 61270-2938 |
| Congressional District: | 17 | | | | |
| Grant #: | Award Amount: \$ | | 40,000 | | |
| Project Period: January 1, 2018 to December 31, 2018 | | | | | |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | | |
| CSFA Short Description: VOCA FFY16 | | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | | |
| Yes <input checked="" type="checkbox"/> If yes, you are not required to provide data. | | | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | | |
| Please provide names and total compensation of the top five officials: | | | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |

Section C - Budget Worksheet & Narrative

1). **Personnel (Salaries & Wages)** (2 CFR 200.430) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Name | Position | Computation | | | | Federal/State Amount | Match | Total Cost |
|-----------------------|--|----------------|---------------------|-----------|------------------------------|----------------------|--------------------|---------------------|
| | | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Quantity (based on Yr/Mo/Hr) | | | |
| <i>Kristy Emerson</i> | <i>Victim's Assistant</i> | \$ 30,485 | \$16.75/hour | 100.00% | 1 Year | \$ 30,485 | \$ 6,097 | \$ 36,582 |
| <i>Ashley Tegeler</i> | <i>Victim's Assistant - Supervisor</i> | \$ 1,524 | \$0.73/hour | 5.00% | 1 Year | \$ 1,524 | \$ 1,114 | \$ 2,638 |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| Total | | | | | | \$ 32,009.00 | \$ 7,211.00 | \$ 39,220.00 |

Personnel Narrative:

- Kristy Emerson will be the Victim's Assistant providing direct services to victims out of the Eastern Branch Court Facility in Whiteside County. This position will be 100% funded by VOCA services. Ashley Tegeler will be the Victim's Assistant supervising Kristy Emerson and will use VOCA funds for direct services to victims out of the Morrison Courthouse in Whiteside County that are not covered by the VCVA grant. Currently 27 hours of direct services to victims are covered through the VCVA grant for services out of this location. The funds awarded for Ashley Tegeler's position will expand VOCA funded services to more victims, an additional 2 hours of direct services weekly resulting in an additional 104 hours of direct services to victims during the reporting period of January 1, 2018 to December 31, 2018. Ashley Tegeler's position out of the Morrison Courthouse will also serve as the supervisory role over the Eastern Branch Court Facility and funds awarded will also be used to utilize training and supervisory role over Kristy Emerson.

Section C - Budget Worksheet & Narrative

5. Supplies (2 CFR 200.94) --List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Supply Items | Computation | | | Federal/State Amount | Match | Total Cost |
|--------------|-----------------------|------|---|----------------------|-------|------------|
| | Quantity/ Duration | Cost | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| <i>Total</i> | | | | \$ | - | \$ |
| | | | | - | \$ | - |
| | | | | \$ | - | \$ |
| | | | | - | \$ | - |

Supplies Narrative:

Section C - Budget Worksheet & Narrative

6. Contractual Services (2 CFR 200.318) & Subawards (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88). **However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information.** This budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | | | Federal/State Amount | Match | Total Cost | | | |
|--------------|----------------|-------|----------------|---|----------------------|-------|------------|---|----|---|
| | Cost per Basis | Basis | Length of Time | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| Total | | | | | \$ | - | \$ | - | \$ | - |

Contractual Narrative:

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|--|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| <i>Currently there is not a negotiated indirect cost rate (de minimus)</i> | | | | | \$ - |

Indirect Cost Narrative:

The indirect costs will be de minimus and will be certified when the grant agreement is signed.

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Whiteside County
Institution/Organization

Whiteside County State's Attorney's Office
Institution/Organization

Signature

Signature

Darlene Hook
Name of Official

Terry Costello
Name of Official

Treasurer
Title
Chief Financial Officer (or equivalent)

Whiteside County State's Attorney
Title
Executive Director (or equivalent)

Date of Signature

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|--------------------------------|-----------------------------|---------------------|---------------------|
| 1. Personnel | \$ 32,009.00 | \$ 7,211.00 | \$ 39,220.00 |
| 2. Fringe Benefits | \$ 5,891.00 | \$ 2,369.00 | \$ 8,260.00 |
| 3. Travel | \$ 500.00 | \$ 100.00 | \$ 600.00 |
| 4. Equipment | \$ 1,600.00 | \$ 320.00 | \$ 1,920.00 |
| 5. Supplies | \$ - | \$ - | \$ - |
| 6. Contractual Services | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. Indirect Costs | \$ - | \$ - | \$ - |
| TOTAL PROJECT COSTS | \$ 40,000.00 | \$ 10,000.00 | \$ 50,000.00 |

| | | | | | |
|--|--|---|--|--|--|
| ICJIA Agency Approval | | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Whiteside County | | DUNS#: 36-600006657 | | NOFO ID: 1474-361 | |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 | |
| | | | | Grant #: Project Period: January 1, 2018 to December 31, 2018 | |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.

4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.

5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.

- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

| Uniform Application for State Grant Assistance | | Updated by ICJIA |
|--|---|--|
| Illinois Criminal Justice Information Authority Completed Section | | |
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | 215302, 215102, 214102, 213102, 212102, 211102, 210102, 209102, 208102, 207102, 206102 |
| Catalog of Federal Domestic Assistance (CFDA) | | <input type="checkbox"/> Not applicable (No federal funding) |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information | | <input type="checkbox"/> Not applicable (No federal funding) |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

Implementing Agency Information**

| | | |
|-----|---|---|
| 22. | Legal Name | (Name used for DUNS registration and grantee pre-qualification.) WILLIAMSON, COUNTY OF |
| 23. | Common Name (DBA) | WILLIAMSON COUNTY |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 37-6002369 |
| 25. | Organizational DUNS number | 031033103 |
| 26. | SAM expiration date | 7/06/18 |
| 27. | SAM Cage Code | 38MB2 |
| 28. | Business Address | Street address: 407 N Monroe Street City: Marion State: Illinois County: Williamson Zip + 4: 62959-2321 |

Implementing Agency: Person to be contacted for Program Matters involving this application.

| | | |
|-----|-------------------------|---------------------------------|
| 29. | First Name | Celeste |
| 30. | Last Name | Sollers |
| 31. | Suffix | |
| 32. | Title | Director |
| 33. | Telephone Number | 618-998-2247 |
| 34. | Fax Number | 618-998-2188 |
| 35. | Email address | csollers@williamsoncountyil.gov |

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

| | | |
|-----|-------------------------|---------------------------------|
| 36. | First Name | Celeste |
| 37. | Last Name | Sollers |
| 38. | Suffix | |
| 39. | Title | Director |
| 40. | Telephone Number | 618-998-2247 |
| 41. | Fax Number | 618-998-2188 |
| 42. | Email address | csollers@williamsoncountyil.gov |

Program Agency Information (If different from Implementing Agency.)**

| | | |
|-----|-----------------------------------|--|
| 43. | Legal Name | (Name used for DUNS registration.) Williamson County State's Attorney's Office |
| 44. | Organizational DUNS number | 964742949 |
| 45. | SAM expiration date | 7/16/18 |
| 46. | SAM Cage Code | 65C43 |
| 47. | Business Address | Street address: 200 W Jefferson Street City: Marion State: Illinois County: Williamson Zip + 4: 62959-2494 |

| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
|--|--|--|
| 48. | First Name | Cody |
| 49. | Last Name | Moake |
| 50. | Suffix | |
| 51. | Title | Operations Officer |
| 52. | Telephone Number | 618-998-2229 ext 1221 |
| 53. | Fax Number | 618-993-5805 |
| 54. | Email address | cmoake@williamsoncountysa.com |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | (If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.) WILLIAMSON COUNTY |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 12 State Senate District: 59 State Representative District: 117 |
| 57. | Primary Area of Performance | (This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.) WILLIAMSON COUNTY, ILLINOIS |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 12 State Senate District: 59 State Representative District: 112 |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | (Text only for the title of the applicant's project.) Prosecutor Based Victim Assistance Program |
| 60. | Proposed Project Term | Start Date: 1/01/2018 End Date: 12/31/2018 |
| 61. | Estimated Funding (include all that apply) | <input checked="" type="checkbox"/> Designated/Awarded Amount: \$ 79,662.00 <input type="checkbox"/> Budgeted Amount: \$ <input checked="" type="checkbox"/> Match: \$ 19,916.00 <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ Total Amount : \$ 99,578.00 Indirect cost rate: <u>N/A</u> % |
| <p>Applicant Certification:</p> <p>By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.</p> <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p> | | |

| Implementing Agency Authorized Official (Director, President, Chair, or similar position) | | |
|--|---|---------------------------------------|
| 62. | First Name | Ron |
| 63. | Last Name | Ellis |
| 64. | Title | County Board Chairman |
| 65. | Telephone Number | 618-998-2139 ext 1132 |
| 66. | Fax Number | 618-997-4221 |
| 67. | Email address | ronellis@williamsoncountyl.gov |
| 68. | Signature of Authorized Representative | [REDACTED] |
| 69. | Date Signed | |
| Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.) | | |
| 70. | First Name | Brinson |
| 71. | Last Name | Venable |
| 72. | Title | Treasurer |
| 73. | Telephone Number | 618-998-2169 |
| 74. | Fax Number | 618-997-2541 |
| 75. | Email address | treasurer@williamsoncountyl.gov |
| 76. | Signature of Authorized Representative | [REDACTED] |
| 77. | Date Signed | |
| Program Agency Authorized Official | | |
| 78. | First Name | Brandon |
| 79. | Last Name | Zanotti |
| 80. | Title | State's Attorney |
| 81. | Telephone Number | 618-998-2229 |
| 82. | Fax Number | 618-993-5805 ext 1395 |
| 83. | Email address | brandonzanotti@williamsoncountysa.com |
| 84. | Signature of Authorized Representative | [REDACTED] |
| 85. | Date Signed | |

** ICJIA specific modification to GATA form

PROGRAM NARRATIVE

(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font and **double-spaced** with 1 inch margins and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- XX County state's attorney
- County sheriff's department
- Local police department
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

*Victim services agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Offer new types of services.
- Serve additional victim populations.
- XX Continue existing services to crime victims.*

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

A. Statement of Problem

1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.

Williamson County is a rural community located in Southern Illinois and has a predominantly white population of 67,560. The economic factor plays a large role in our criminal justice system with 16.2% of the County's population at or below poverty status based on the 2010 census. The lack of employment opportunities and the increase of drug use unfortunately create an influx in criminal activities. In 2016, the Williamson County State's Attorney's Office filed 600 criminal felony cases and 700 criminal misdemeanor cases. In 2017 through September we have already filed 477 criminal felony cases and 580 criminal misdemeanor cases or approximately an 8% projected increase in the number of cases for the year. In 2017, we have provided Victim services to 1,032 new clients through the VOCA program in addition to the provision of a variety of on-going services.

2. Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.

Williamson County has a strong employee base. Sixty percent of the population of Williamson County is between the ages of 18 thru 65. Eighty-Nine percent of this age group has a high school education at a minimum. Seventy-two percent own their own home which reflects stability and a commitment to the community.

However the average per capita income for a twelve month period is less than \$25,000 with the median household income at only \$44,400. The lack of good paying employment opportunities is not readily available. The predominate source of employment for County residents were the

Coal mining industry and Maytag employment. The decline of these industries led to a spiral of despair, drug addiction and criminal activity.

Williamson County has tremendous support for the social service community. The community is very aware of the services provided. Fund raisers and support activities are well attended. Many residents are eager to volunteer to assist their neighbors.

Our state's economy and recent budget crisis has had a tremendous, negative impact on social services provided in our area. Being a rural community, resources were difficult to obtain in a timely manner prior to the mass cutbacks, and have now become a much more pressing problem. Many residents that suffer with substance abuse are not able to access much needed resources to assist in stabilizing and fulfilling their needs when they need it most.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

1. Please provide a *brief* description of your entire organization, including unit descriptions and staffing.

The Williamson County State's Attorney's Office is a governmental organization located in Southern Illinois. The Office has been in existence since 1839 and services the entire County population of 67,560. The Office consists of the State's Attorney, eight Assistant State's Attorney's, an Operations Manager, Administrative Assistant, Legal Secretaries, Collection Specialist, Victim Service Coordinator, Domestic Violence Coordinator, Domestic Violence Advocate, Juvenile Victim Coordinator and Juvenile Victim Advocate.

2. What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.

Assistance to Domestic Violence Victims is provided by staff of the State's Attorney's Office

with collaboration from the Women's Center. Assistance to Victims and Witnesses of Violent Crimes is provided by the Victim Coordinator funded through the Illinois Attorney General's Office. Assistance for Juvenile Victims is provided by CASA of Williamson County and the Franklin Williamson Child Advocacy Center. All Advocates and Coordinators from the Victim Services programs in Williamson County coordinate with VOCA staff to provide the victim with any and all services that they require. The VOCA funded Domestic Violence Advocate works closely with the staff funded Domestic Violence Coordinator and the Assistant State's Attorney assigned to Domestic Violence Victims along with the Advocate from the Women's Center who maintains a part time satellite office in the Williamson County Courthouse.

3. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

| Type of staff | Number of staff |
|--|-----------------|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 5 |
| Number of managerial staff | 2 |
| Number of administrative support staff | 3 |

4. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.

The Program will serve the entire population of Williamson County.

C. Agency Capacity and Experience

1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

The Williamson County State's Attorney's Office has been providing Victim Services for over

twenty years. The VOCA staff assisted over 1,000 new victims last year in addition to the provision of a variety of on-going client services. The program assists the Victims with courthouse reception, court advocacy, victim impact statements, victim's rights, employer intervention, service referrals and special needs services, emergency orders of protection, case status information, case disposition, and crisis intervention, assistance with filing restraining orders, court procedures, bilingual information and emotional support.

Case summary: Three young ladies came into the courthouse looking for some guidance. The Domestic Violence Advocate welcomed them into the office and asked them to tell her a little about their situation so she could better assess who they needed to speak to. One of the young ladies informed her that they were all sisters and they came to the courthouse to talk to someone about protecting their youngest sister from their mother's live in boyfriend. She stated the man had lived in their home since the youngest was ten years old and she was now seventeen. The older of the two sisters (twenty-one and nineteen) had moved out a few years prior due to the mother's boyfriend being violent, aggressive and abusive and on one occasion physical with the oldest sister. The Advocate asked if she could speak directly to the youngest sister so she could get a better understanding of what was going on in the home and they were in agreement. The youngest sister began to cry. The Advocate asked her what had happened recently that led her to alert her older sisters that something was going on. She proceeded to tell that her mother's boyfriend had been doing things to her since she was in grade school but always told her to keep her mouth shut or he would hurt her. She said she couldn't take it anymore and told her sisters about the abuse. The three sisters met with their mother while her boyfriend was at work and told her about the sexual abuse that had been going on for the last seven years. Their mother did not believe them. The oldest daughter reminded the mother that she had told her about unwanted

advances from the boyfriend in the night while her mother slept and her mother had told her not to tell anyone. That was the reason she moved out. The oldest sister began to cry and said she felt awful for leaving the younger sister in the home when she moved for fear the boyfriend would turn his advances to the younger sister. The girls asked their mother to go to the police station with them and report the sexual abuse but she said she couldn't miss her class. The girls left their mother's home and took the youngest sister with them. The middle sister informed me that they were at the police station until after midnight talking on the phone to a crisis counselor from the Women's Center who instructed them to come to our offices. The two older sisters were advocating for their younger sister since she disclosed her horrific story. The Advocate advised the older sisters that they could file a legal petition on behalf of their youngest sister to protect her. They were concerned about having to send the youngest sister home because their mother said she could not spend another night with them. The Advocate called DCFS. A DCFS Investigator came to the courthouse and met with the Domestic Violence Advocate, the Juvenile Coordinator and the young girls. After hearing the details, the Investigator was in agreement and safety planned the younger one to the older sisters until further notice. It was too late in the day to file an EOP so the girls were told about the provisions of the order and how the process works. The Advocate gave all three girls a Victim Impact Statement to complete because they all had a piece of the story that needed to be told. It was made sure that all three understood that with the safety plan in place the youngest sibling would not have to go home and the DCFS Investigator was going to tell the mother what had transpired. We discussed the 500' stay away and what agency to report a violation to. The oldest sister was worried about being fired from her job because her boss was mad that she had taken off. The Advocate informed her that she was protected under the VESSA law and gave her some information to give to her boss along with a

work letter. The next morning they returned to the office with their statements completed. The oldest sister signed the petition and the order was filed in the Circuit Clerks office. The judge heard testimony from all three girls and a GAL was appointed to the Victim for further proceedings. On the return date for the petitioner the respondent was also in attendance so the Advocate kept the victim in a safe place within the courthouse away from him. When the case was called the GAL requested a two year order against the respondent which was granted. With multiple agencies being involved with this case we periodically see the girls in the courthouse and they always stop to let us know how they are doing. Their mother is working with DCFS and attending her mandatory classes and has since moved out of the home she shared with her boyfriend. At this time there is an ongoing investigation as well as pending sexual assault charges on the mother's boyfriend.

2. If your agency not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.

N/A

3. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.

Williamson County has adopted a Grant Management Policy for all departments awarded grants to follow. All grants received by the County are administered by the Director of the Community Development Department. The Director has been in this position for over twenty years. All office holders in the County work with this office for the submission of applications, through the award of funds, all financial and fiscal reporting and close outs. The Community Development Office has administered hundreds of grant awards with awards ranging from \$5,000 to over

\$1,000,000. Multiple funding award have been received for Victim Services from the Illinois Criminal Justice Authority, the Illinois Attorney General’s Office and the US Department of Justice.

4. If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds.

Due to budget constraints, Williamson County would be unable to totally fund the services provided by the provision of VOCA funds. Eighty percent of the VOCA program is funded with VOCA funds. If grant funds are unable to be obtained, Williamson County would not have the financial capability to fully support the staff and services that are currently provided in the State's Attorney's Office and the amount of Victim Services provided would be greatly impacted.

5. Describe how your agency will financially sustain the program at the end of the three-year funding period.

Williamson County would be unable to support the program without funding assistance.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state’s attorney’s offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:
 - a) How victims will be screened for eligibility,
 - b) How referrals will be made for services,
 - c) How services will be available for all victims of crime,
 - d) Location of victim service staff within law enforcement agency or state’s attorney’s office, and
 - e) Coordination of services with other victim service staff.
- a) All victims are eligible for assistance. No one is denied assistance.

- b) Referrals are coordinated by the VOCA staff with social service agencies in the community to address all of the victims needs. The VOCA staff has a close working relationship with the agencies in the community.
- c) All victims of crime are afforded the services that they need. VOCA staff will provide assistance through courthouse reception, court advocacy, victim impact statements, victim's rights, employer intervention, service referrals and special needs services, emergency orders of protection, case status information, case disposition, crisis intervention, assistance with filing restraining orders, court procedures, bilingual information and emotional support.
- d) The VOCA staff is located in the State's Attorney's Office which is located in the Williamson County Courthouse.
- e) Victim services are provided by a variety of social service agencies and designated staff in the State's Attorney's Office. All agencies are aware of the service provided by others and have an open line of communication for victims needs.

2. Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.

The Williamson County State's Attorney's Office has been providing Victim Services for over twenty years.

3. Project the number of clients to be served during the grant period. Explain and justify this projection.

We estimate that the VOCA staff will provide victim services to 1,000 new clients with these funds. This estimate is based on the on the actual number of clients served in 2016 and 2017.

4. Describe known barriers to victims accessing victim services and how your agency will address these.

The main barrier continues to be the lack of funding to support victim service programs. There are not enough Advocates to meet the needs of the victims and new trained personnel is difficult to obtain due to lack of salary incentives. The State's economic budget crisis has had a negative impact on the provision of Social Services. After referrals, victims often have to wait to be scheduled to attend much needed programs and for additional services to be provided. We continually research opportunities for additional funding.

5. Describe how the program design will incorporate trauma-informed care, as described in *Attachment 1* of the Note of Funding Opportunity.

The Williamson County State's Attorney's Office will promote trauma awareness training for their VOCA staff and will build on developing trauma informed practices. Training opportunities for trauma awareness will be researched for staff attendance during the grant period.

6. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider.

The VOCA staff continues their support services through follow up contacts. The staff checks to see how the client is coping, the progress made with any referrals to a victim service provider and general inquiries about their daily life. Often times the clients return to visit with the staff and send notes thanking them for their assistance.

7. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

The VOCA staff has a positive, coordinated working relationship with other victim service agencies and departments whose main purpose is to provide the victim with the services they need. The VOCA staff works on a daily basis with the Sheriff's Department, local municipal police departments, The Women's Center, Williamson County Child Advocacy Center, and Court Appointed Special Advocates (CASA). We have formal networking agreements with The Women's Center and the Williamson County Child Advocacy Center.

8. Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program.

Posters regarding the Victim's Compensation Program are on display in the offices of the Domestic Violence Advocate and the Juvenile Victim Coordinator. Brochures are also available in these locations.

*Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.

E. Staffing Plan

1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.

The VOCA staff has offices located in the Williamson County Courthouse. The staff consists of the Juvenile Coordinator, Juvenile Advocate and the Domestic Violence Advocate. All three positions provide 100% of their time to the VOCA program and are 80% funded by VOCA. All staff provide assistance to Victims with courthouse reception, court advocacy, victim impact

statements, victim's rights, employer intervention, service referrals and special needs services, emergency orders of protection, case status information, case disposition, crisis intervention, assistance with filing restraining orders, court procedures, bilingual information and emotional support. The Williamson County State's Attorney oversees all activities in his office.

2. What are the primary qualifications of program-funded staff (education, language skills, etc.)?

VOCA Staff members need an Associates Degree in the Social Services Field or equivalent experience.

3. Describe how cases are coordinated and supervised within the agency.

Cases are coordinated by the victim's situations and needs. The Williamson County State's Attorney supervises all activities in his office.

4. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

The Williamson County State's Attorney's Office will build on the development of trauma informed policies and procedures and will have Victim Service staff attend trauma awareness training during the grant period.

5. What other training needs have you identified for staff funded under this program?

Training is a vital tool for VOCA staff. Victim Service seminars are beneficial to the staff for an increased awareness of new and improved programs and services that are available to victims. Staff is encouraged to attend training opportunities as presented.

6. How will you address those training needs? If you are unable to address those needs, please explain why.

Funds have been requested for the VOCA staff to attend at least one training exercise as approved by ICJIA. The Williamson County State’s Attorney’s Office will provide for additional training and travel expenses as needed.

7. Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.

Volunteers are utilized for the performance of general office duties such as data entry, filing, answering phones, etc. The Williamson County State’s Attorney’s Office utilizes an average of three volunteers.

8. Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent** |
|---------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| <i>Example: Volunteer Coordinator</i> | .50 | 100 | .5 |
| <i>Example: Advocate</i> | .75 | 50 | .375 |
| Juvenile Coordinator | 1 | 100 | 1 |
| Juvenile Victim Advocate | 1 | 100 | 1 |
| Domestic Violence Advocate | 1 | 100 | 1 |
| TOTAL | | | |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted if application is funded.

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|--|-----------------------------------|-----------------------------------|
| <i>Example: Hire Staff</i> | <i>Program Administrator</i> | <i>Month One</i> |
| <i>Example: Train Staff</i> | <i>Training Coordinator</i> | <i>Month One</i> |
| Victim Training Seminars | All Staff | Month Three |
| Provide Victims with Services | All Staff | Months 1 - 12 |
| | | |
| If applicable, submit subcontract to Authority for review and approval | Director | |
| Submit quarterly data report to the Authority | Director | 15 th of every quarter |
| Submit quarterly fiscal reports to the Authority | Director | 15 th of every quarter |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

Tracks I and II Goals, Objectives, and Performance Measures:

| | |
|---|---|
| Goal: To provide advocacy services to victims of crime. | |
| Objective | Performance Measure |
| SCREENING | |
| # ____ victims screened for eligibility by your agency. | # of victims screened for eligibility by your agency. |

| | |
|--|---|
| # 1,000 new clients will be provided services by your agency. | # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred. # of clients provided services by your agency. |
| <i>INFORMATION & REFERRAL</i> | |
| # _800___ clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. |
| # _800___ clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. |
| # _600___ clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred. # of times staff provided referrals to other victim service providers. |
| # _100___ clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # ___ clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, supports, and resources. |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| #_500___ clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| #_250_ clients will receive assistance filing for victim compensation. | # of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation. |
| #_50___ clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |

| | |
|--|---|
| #___ clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance. |
| #_25_ clients will receive transportation assistance. | # of clients provided with transportation assistance. # of times staff provided transportation assistance. |
| #_5_ clients will receive interpreter services. | # of clients provided with interpreter services. # of times staff provided interpreter services. |
| # ___ clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # ___ clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # ___ clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| #_1000_ clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| <i>SHELTER/HOUSING SERVICES</i> | |
| # ___ clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| #_900_ clients will receive notification of | # of clients provided notification of criminal |

| | |
|---|--|
| criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | justice events. # of times staff provided notification of criminal justice events. |
| # _600__ clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # _300__ clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| # _200__ clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |
| # _800__ clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. |
| REQUIRED TRAININGS | |
| # <u>3</u> staff will receive training on trauma | # of staff trained # of trainings on trauma held |

Additional Track II Goals, Objectives, and Performance Measures:

| | |
|---|---|
| REQUIRED TRAININGS | |
| # ____ of individuals interviewed to become a CASA volunteer. | # of individuals interviewed to become a CASA volunteer. # of individuals offered a volunteer CASA position. |
| # ____ of volunteer trainings to be held. | # of volunteer trainings held. # of volunteers trained. |
| # ____ of current CASA volunteers. | # of current CASA volunteers. |
| # ____ of cases to be reviewed and assigned to advocates. | # of cases reviewed and assigned to advocates. # of clients served by advocates. # of supervision meetings held with advocates. |

1,200 clients will be provided Follow-up services

| | | | | | |
|---|--|--|--|--|--|
| STATE OF ILLINOIS | | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: WILLIAMSON COUNTY | | DUNS#: 031033103 | | NOFO ID: 1474-361 | |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 | |
| | | | | Grant #: | |
| | | | | Project Period: 1/01/18 - 12/31/18 | |

All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." Please read all instructions before completing form.

SECTION A -- FEDERAL/STATE OF ILLINOIS FUNDS

| Revenues | Year 1 | | | |
|---|--------|--|--|--|
| (a). State of Illinois Grant Amount Requested | | | | |

BUDGET SUMMARY - FEDERAL/STATE OF ILLINOIS FUNDS

| Budget Expenditure Categories <i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i> | Year 1 | | | |
|---|-----------|--|--|--|
| 1. Personnel (Salaries & Wages) 200.430 | \$ 57,120 | | | |
| 2. Fringe Benefits 200.431 | \$ 20,763 | | | |
| 3. Travel 200.474 | \$ 1,183 | | | |
| 4. Equipment 200.439 | \$ - | | | |
| 5. Supplies 200.94 | \$ 596 | | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | \$ - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 15. A. <u>Grant Exclusive Line Item(s)</u> | | | | |
| <u>Grant Exclusive Line Item(s)</u> | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | \$ 79,662 | | | |
| 17. Indirect Costs* (see below) 200.414 | | | | |
| Rate: ___% Base: \$___ | \$ - | | | |
| 18. Total Costs State Grant Funds (lines 16 and 17) | \$ 79,662 | | | |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

- 1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

- 2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

- 2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

- 4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
 Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 Complies with other statutory policies (please specify):
 The Restricted Indirect Cost Rate is _____%

- 5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

Period Covered by the NICRA: _____
 Approving Fed/State Agency (please specify): _____
 The Indirect Cost Rate is: _____ %
 The Distribution Base is: _____

| | | | |
|---|--|---|------------------------------------|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: WILLIAMSON COUNTY | DUNS#: 031033103 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: 1/01/18 - 12/31/18 |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

| Implementing Agency | | Program Agency |
|---|---|---|
| WILLIAMSON COUNTY Name of Applicant Institution/Organization | WILLIAMSON COUNTY Name of Applicant Institution/Organization | Williamson County States Attorney Institution/Organization |
| _____ Signature | _____ Signature | _____ Signature |
| BRINSON VENABLE Name of Official | RON ELLIS Name of Official | BRANDON ZANOTTI Name of Official |
| TREASURER Title Chief Financial Officer (or equivalent) | CHAIRMAN Title Executive Director (or equivalent) | STATE'S ATTORNEY Title Executive Director (or equivalent) |
| _____ Date of Signature | _____ Date of Signature | _____ Date of Signature |

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | |
|--|---------------------|---------------|----|--|
| Grantee (or Subgrantee) DUNS: | 31033103 | | | |
| Grantee (or Subgrantee) Name: | WILLIAMSON COUNTY | | | |
| Grantee (or Subgrantee) DBA: | | | | |
| Grantee (or Subgrantee) Address: | 407 N MONROE STREET | | | |
| City: | MARION | State: | IL | Zip+4: 62959-2321 Congressional District: 12 |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | |
| City: | MARION | State: | IL | Zip+4: 62959-2494 Congressional District: 12 |
| Grant #: | Award Amount: | \$ | - | Project Period: 1/01/18 - 12/31/18 |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | |
| CSFA Short Description: VOCA FFY16 | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | |
| Yes <input checked="" type="checkbox"/> If yes, you are not required to provide data. | | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | |
| Please provide names and total compensation of the top five officials: | | | | |
| Name: | | Amount: | | |

Section C - Budget Worksheet & Narrative

1). Personnel (Salaries & Wages) (2 CFR 200.430) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Name | Position | Computation | | | | Federal/State Amount | Match | Total Cost |
|-----------------------|------------------------------------|----------------|---------------------|-----------|------------------------------|----------------------|---------------------|---------------------|
| | | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Quantity (based on Yr/Mo/Hr) | | | |
| <i>BETTY CARAWAY</i> | <i>Juvenile Victim Coordinator</i> | \$ 26,250 | Year | 100.00% | 1.00 | \$ 21,000 | \$ 5,250 | \$ 26,250 |
| <i>RACHAEL CLARK</i> | <i>Juvenile Victim Advocate</i> | \$ 22,050 | Year | 100.00% | 1.00 | \$ 17,640 | \$ 4,410 | \$ 22,050 |
| <i>JENNIFER SHORT</i> | <i>Domestic Violence Advocate</i> | \$ 23,100 | Year | 100.00% | 1.00 | \$ 18,480 | \$ 4,620 | \$ 23,100 |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| Total | | | | | | \$ 57,120.00 | \$ 14,280.00 | \$ 71,400.00 |

Personnel Narrative:

The Juvenile Victim Coordinator salary will be rated at \$14.42 per hour, \$504.81 per week, 26 biweekly pays of \$1,009.62 or \$26,250 annually. The Juvenile Victim Advocate salary will be rated at \$12.12 per hour, \$424.04 per week, 26 biweekly pays of \$848.07 or \$22,050 annually. The Domestic Violence Advocate salary will be rated at \$12.69 per hour, \$444.23 per week, 26 biweekly pays of \$888.46 or \$23,100 annually. The duties of the VOCA funded staff will be to respond to the needs of the victim (either Juvenile or Domestic), assist to stabilize their trauma and help to restore security and safety to their lives. They provide direct services to the Victims and assist with the criminal justice system by providing the Victim with courthouse reception, court advocacy, victim impact statements, victims rights, employer intervention, service referrals and special needs services, emergency orders of protection, case status information, case disposition, crisis intervention, assistance with filing restraining orders, court procedures, bilingual information and emotional support to alleviate trauma and suffering incurred from victimization.

Section C - Budget Worksheet & Narrative

6. Contractual Services (2 CFR 200.318) & Subawards (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88). **However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information.** This budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | | | Federal/State Amount | Match | Total Cost | | | |
|--------------|----------------|-------|----------------|---|----------------------|-------|------------|---|----|---|
| | Cost per Basis | Basis | Length of Time | Pro-Rated Share (Put 100% if cost is not pro-rated) | | | | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| | | | | | | | \$ - | | | |
| Total | | | | | \$ | - | \$ | - | \$ | - |

Contractual Narrative:

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| | | | | | \$ - |

Indirect Cost Narrative:

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Institution/Organization

Signature

Signature

Name of Official

Name of Official

Title
Chief Financial Officer (or equivalent)

Title
Executive Director (or equivalent)

Date of Signature

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|--------------------------------|-----------------------------|---------------------|---------------------|
| 1. Personnel | | \$ 14,280.00 | \$ 71,400.00 |
| 2. Fringe Benefits | \$ 20,763.00 | \$ 5,191.00 | \$ 25,954.00 |
| 3. Travel | \$ 1,183.00 | \$ 296.00 | \$ 1,479.00 |
| 4. Equipment | \$ - | \$ - | \$ - |
| 5. Supplies | \$ 596.00 | \$ 149.00 | \$ 745.00 |
| 6. Contractual Services | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. Indirect Costs | \$ - | \$ - | \$ - |
| TOTAL PROJECT COSTS | \$ 22,542.00 | \$ 19,916.00 | \$ 99,578.00 |

| | | | |
|--|---|--|---|
| ICJIA Agency Approval | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: WILLIAMSON COUNTY | DUNS#: 031033103 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: 1/01/18 - 12/31/18 |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| | | | |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |
| | | | |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.

4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.

5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.

- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

| | | |
|---|--|--|
| 1. | Type of Submission | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application) |
| 3. | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1474 |
| 6. | CSFA Title | VOCA FFY16 |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | |
| 8. | Previous Agreement Numbers | |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | 16.575 |
| 10. | CFDA Title | Victims of Crime Act (VOCA) |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | 1474-361 |
| 18. | Funding Opportunity Title | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input checked="" type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | |
| 21. | Competition Identification Title | |

Applicant Completed Section

| Implementing Agency Information** | | |
|---|---|---|
| 22. | Legal Name | (Name used for DUNS registration and grantee pre-qualification.) County of Winnebago on behalf of the Winnebago County State's Attorney's Office |
| 23. | Common Name (DBA) | County of Winnebago |
| 24. | Employer / Taxpayer Identification Number (EIN, TIN) | 36-6006681 |
| 25. | Organizational DUNS number | 010243822 |
| 26. | SAM expiration date | 7/31/2018 |
| 27. | SAM Cage Code | 5E1P8 |
| 28. | Business Address | Street: 404 Elm Street Suite 104 City: Rockford State: Illinois County: Winnebago Zip + 4: 61101-1239 |
| Implementing Agency: Person to be contacted for Program Matters involving this application. | | |
| 29. | First Name | Carla |
| 30. | Last Name | Paschal |
| 31. | Suffix | |
| 32. | Title | Chief Financial Officer |
| 33. | Telephone Number | 815-319-4225 |
| 34. | Fax Number | 815-319-4226 |
| 35. | Email address | cpaschal@wincoil.us |
| Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application. | | |
| 36. | First Name | Carla |
| 37. | Last Name | Paschal |
| 38. | Suffix | |
| 39. | Title | Chief Financial Officer |
| 40. | Telephone Number | 815-319-4225 |
| 41. | Fax Number | 815-319-4226 |
| 42. | Email address | cpaschal@wincoil.us |
| Program Agency Information (If different from Implementing Agency.)** | | |
| 43. | Legal Name | (Name used for DUNS registration.) Winnebago County State's Attorney's Office |
| 44. | Organizational DUNS number | 831755231 |
| 45. | SAM expiration date | 9/14/2018 |
| 46. | SAM Cage Code | 5NZJ3 |
| 47. | Business Address | Street address: 400 W. State Street Suite 619 City: Rockford State: Illinois County: Winnebago Zip + 4: 61101-1242 |

| Program Agency: Person to be contacted for Program Matters involving this Application. | | |
|--|---|--|
| 48. | First Name | Stephanie |
| 49. | Last Name | Bahling |
| 50. | Suffix | |
| 51. | Title | Chief of Operations |
| 52. | Telephone Number | 815-319-4700 |
| 53. | Fax Number | 815-319-4701 |
| 54. | Email address | sbahling@wincoil.us |
| Areas Affected** | | |
| 55. | Areas Affected by the Project (County(ies); City(ies); or State-wide) | (If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.) Winnebago County |
| 56. | Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.) | Congressional District: 16 & 17 State Senate District: 34 & 35 State Representative District: 67, 68 & 69 |
| 57. | Primary Area of Performance | (This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.) Rockford, Illinois, Winnebago County 61101-1242. |
| 58. | Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.) | Congressional District: 16 & 17 State Senate District: 34 & 35 State Representative District: 67, 68 & 69 |
| Applicant's Project** | | |
| 59. | Description Title of Applicant's Project | (Text only for the title of the applicant's project.) Victim of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program. |
| 60. | Proposed Project Term | Start Date: 1/1/2018 End Date: 12 months 12/31/2018 with 24 month continuation |
| 61. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount: \$ 85,406 <input type="checkbox"/> Budgeted Amount: \$ 102,000 <input type="checkbox"/> Match: \$ 21,351 <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ <p style="text-align: right;">Total Amount : \$ 106,757</p> Indirect cost rate: <u> 0 </u> % |
| Applicant Certification: By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001) (*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p> | | |

| | | |
|--|--|---------------------------------|
| Implementing Agency Authorized Official (Director, President, Chair, or similar position) | | |
| 62. | First Name | Frank |
| 63. | Last Name | Haney |
| 64. | Title | Winnebago County Board Chairman |
| 65. | Telephone Number | 815-319-4225 |
| 66. | Fax Number | 815-319-4226 |
| 67. | Email address | boardoffice@wincoil.us |
| 68. | Signature of Authorized Representative | [REDACTED] |
| 69. | Date Signed | 10/13/2017 |
| Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.) | | |
| 70. | First Name | Susan |
| 71. | Last Name | Goral |
| 72. | Title | Treasurer |
| 73. | Telephone Number | 815-319-4400 |
| 74. | Fax Number | 815-319-4401 |
| 75. | Email address | sgoral@wincoil.us |
| 76. | Signature of Authorized Representative | [REDACTED] |
| 77. | Date Signed | 10/13/2017 |
| Program Agency Authorized Official | | |
| 78. | First Name | Joseph |
| 79. | Last Name | Bruscato |
| 80. | Title | State's Attorney |
| 81. | Telephone Number | 815-319-4700 |
| 82. | Fax Number | 815-319-4701 |
| 83. | Email address | statesattorney@wincoil.us |
| 84. | Signature of Authorized Representative | [REDACTED] |
| 85. | Date Signed | 10/13/2017 |

** ICJIA specific modification to GATA form

PROGRAM NARRATIVE

(35 pages maximum)

Application must be 35 pages maximum, drafted in Times New Roman 12-point font and **double-spaced** with 1 inch margins and numbered pages. Failure to comply with formatting requirements may lead to application disqualification.

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county court appointed special advocate programs.

1. Agency type (check one):

- County state's attorney
- County sheriff's department
- Local police department
- County CASA
- Nonprofit agency collaborating with law enforcement or state's attorney's office.*

*Victim services agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement.

2. These VOCA funds will primarily be used to (check one):

- Expand services into a new geographic area.
- Offer new types of services.
- Serve additional victim populations.
- Continue existing services to crime victims.*

* See definition of supplanting in NOFO section 6 Funding Description, and explain how funding will supplement existing programs in the project description and agency capacity sections.

Currently the Office of the Winnebago County State's Attorney provides service to crime

victims which is partially funded under the grant #215279 from the Illinois Criminal Justice

Information Authority under the Law Enforcement Prosecutor Based Victim Assistance Services

Program. Our office has been notified that this grant will no longer be funded after 12/31/2017.

This grant application would enable our office to continue providing those existing services to the ever increasing crime victims within Winnebago County, Illinois.

3. Please describe how the victim service activities outlined within this application have been coordinated between the law enforcement and state's attorney's offices and victim service providers in the community to be served. Include letters of support from all agencies listed as part of the application. If your agency is not able to coordinate these activities with a victim service agency, please explain why.

The Victim Services Providers of the Winnebago County State's Attorney's Office coordinate with several agencies within the community assisting victims of crimes in Winnebago County. Our office works closely with the advocates from the Carrie Lynn Children's center on cases involving children who are either physically or sexually abused. We work with the advocates from Rockford Area Sexual Assault Counseling for adult victims of sexual assault. Our office works with the victim advocates from the Alliance against Intoxicated Motorists (AAIM) for cases involving Driving Under the Influence causing great bodily harm and/or death. Our office also works with the Visiting Nurses Association for cases involving elder abuse victims. In cases where there are victims of violent crimes and an arrest has not been made both the Rockford City Police Department and the Winnebago County Sherriff's office will contact our office for assistance with the victims and/or the victims' families. Our office coordinates and meets with victims and witnesses of crimes throughout the entire criminal justice process.

A. Statement of Problem

1. Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click RESEARCH at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible.

Along with the unemployment and poverty rate in Winnebago County, crime continues to increase and is a growing concern for our community. Over the past couple of years

Rockford, Illinois located in Winnebago County has been named in several unpopular lists throughout the country. In September, 2015 according to the website RoadSnacks.net Rockford, Illinois was listed as the 6th worst place to live in America citing unemployment and crime rates as the reason. In December, 2015 according to the website Lawstreetmedia.com Rockford, Illinois was listed as number two of the ten most dangerous Metros in the Midwest. In February, 2016 according to the Federal Bureau of Investigations, Rockford, Illinois was listed as the 5th most violent city in the United States. Most recently according to the website 24/7 Wall Street Rockford, Illinois was cited as the worst city to live in Illinois due to struggles with poverty and violent crime. The Illinois Criminal Justice Information Authority (ICJIA) website indicates that Winnebago County crime statistics are included in the region named “Northern minus Cook”. According to the most recent statistics available on the ICJIA website, violent crimes (which include Aggravated Assault, Robbery, Criminal Sexual Assault and Murder) in Winnebago represent 35% of the crimes within the “Northern minus Cook” region. Other statistics indicate that 22% of domestic violence cases including 21% of the order of protections; 20% of the burglary cases in the “Northern minus Cook” region occurred in Winnebago County. Putting it into perspective, Winnebago County represents less than 7% of the population of the “Northern minus Cook” region. None of the crimes listed above are victimless crimes. As indicated in Article I, Section 8.1(a) of the Illinois Constitution, Crime Victim’s Rights require by statute that it is the responsibility of the Winnebago County State’s Attorney’s to ensure that crime victim’s understand their rights and ensure that they are not violated. With the increasing concern over crime in Winnebago County specifically Rockford, Illinois there is a greater need for victim service providers to assist the crime victims in our community.

2. Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem of community violence.

Currently Winnebago County is faced with financial challenges which have had a direct impact on the Criminal Justice System. For the current fiscal year that began on October 1, 2017 the Winnebago County Board passed a budget that reduced the Winnebago County Sheriff's Office year over year budget by \$4 million dollars. This budget reduction has forced the Sheriff to announce upcoming layoff of 80 employees including deputies, corrections officers, courthouse security guards as well as 911 center operators. The County Board also reduced our budget in the Winnebago County State's Attorney's Office by \$200,000. These budget reductions make it difficult for our office to staff the 14 criminal courtrooms in operation within the 17th Judicial Circuit. These reductions also have a direct impact on our offices ability to responsibly carry our statutory duties, as well as our ability to respond to law enforcement, it has increased the amount of time it takes to resolve cases which has resulted in an increase in the jail population. Winnebago County also faces the challenge of increasing issues with substance abuse specifically opioid addiction and overdoses. In 2016 Heroin was the leading cause of the 96 overdose deaths in Winnebago County. In most cases addicted drug users turn to criminal acts as a means to support their drug addiction increasing the crime within Winnebago County. Fortunately a strength within Winnebago County is the number of agencies that are available to provide additional resources and support for individuals in need both victims of crimes and drug abusers who need treatment. Agencies such as Rosecrance, Remedies, the Salvation Army, the YMCA to name a few. Another strength of Winnebago County is the ability to collaborate with members of criminal justice system with identify defendants in cases that would be better

served with alternative justice that is offered through specialty courts. Specialty Court cases are cases that are referred to the unit due to special circumstances. An example would be Drug court, which is a specialized problem-solving court for non-violent offenders with a substance abuse dependency and who demonstrate a willingness to and likelihood for rehabilitation. Certain drug court dispositions may afford the participant an opportunity to avoid a conviction on the pending charges once they have successfully complete the program.

B. Project Description

Please provide a general sense of your organization's activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds.

1. Please provide a *brief* description of your entire organization, including unit descriptions and staffing.

The Winnebago County State's Attorney's Office serves the interests of the people of Winnebago County by vigorously and fairly prosecuting violations of the Illinois criminal statutes, juvenile court act and Winnebago County ordinances, by being attentive to the concerns of victims and witnesses that arise from those violations, and by providing legal services to all offices of Winnebago County government.

The Winnebago County State's Attorney's Office is statutorily responsible for the prosecution of crimes as defined under Illinois law which includes all crimes that are committed within the County of Winnebago, which includes Rockford, Illinois as well as several other municipalities.

The Units within our office include Office Administration, Criminal Bureau, Civil Bureau and Investigative Bureau.

- Office Administration oversees the office and personnel, determines policies and procedures, prepares and oversees the budget, completes payroll and other financial

responsibilities for the office. Office Administration includes the State's Attorney, Chief of Staff and Chief of Operations along with an administrative assistant.

- The Criminal Bureau is responsible for the prosecution of violations of the Illinois criminal statutes, juvenile court act and ordinance violations that occurred in Winnebago County. There are several units within the Criminal Bureau which include:
 - Felony Unit: The Felony Unit is responsible for prosecuting the felony offenses that occur in Winnebago County such as murder cases, burglary cases and other violent offenses.
 - Misdemeanor Unit: The Misdemeanor Unit is responsible for prosecuting the less serious offenses such as retail theft, criminal trespassing, misdemeanor domestic violence cases and other petty offenses.
 - DUI/Traffic Unit: Our DUI/Traffic Unit is responsible for prosecuting the DUI offenses including Aggravated DUI involving death as well as other traffic offenses that occur within Winnebago County from numerous law enforcement agencies within the county including the Illinois State Police cases.
 - Drug Unit: The Drug Unit prosecutes the drug offenses that occur in Winnebago County including drug forfeiture cases.
 - Domestic Violence Unit: The Domestic Violence Unit prosecutes primarily the intimate partner cases that occur in Winnebago County.
 - Deferred Prosecution Unit: The Deferred Prosecution program is designed for first time, non-violent offenders providing an opportunity to keep a conviction from permanently being entered on their record. Participants in the deferred

prosecution program must complete an intake interview with the program coordinator, meet with and be approved by a panel of citizens from the community and if accepted, complete the program requirements including a video-taped confession. The program also requires completing community service hours, obtaining high school diploma or G.E.D.; obtaining counseling, writing a letter of apology to the victim, paying full restitution to the victim and paying fees to the Deferred Prosecution Program. Upon successful completion of the Deferred Prosecution Program, the State's Attorney's Office agrees to dismiss the pending charge(s) against the defendant.

- Post Conviction Unit: The Post Conviction Unit covers cases that are on appeal. This unit also handles expungement cases, clemency hearings and attends prison review board protest hearings.
- Juvenile Unit: The Juvenile Unit is responsible for prosecuting violations of the juvenile court act. The Juvenile Unit consists of both Abuse & Neglect Unit as well as the Delinquency Unit.
 - Abuse & Neglect Unit: The Abuse & Neglect Unit is responsible for prosecuting cases in which children are abused and/or neglected. This unit also handles the cases seeking to terminate parental rights of abused and/or neglected children.
 - Delinquency: The Delinquency Unit prosecutes the criminal offenses committed by juveniles within Winnebago County.
- Specialty Court Unit: Specialty Court cases are cases that are referred to the unit due to special circumstances. These specialty courts include:

- Drug Court – Drug court is a specialized problem-solving court for non-violent offenders with a substance abuse dependency and who demonstrate a willingness to and likelihood for rehabilitation. Certain drug court dispositions may afford the participant an opportunity to avoid a conviction on the pending charges once they successfully complete the program.
- TIP Court – The Therapeutic Intervention Court is a specialized problem-solving court for non-violent offenders whose underlying mental illness has been a primary causative factor in their criminal behavior. The ultimate goal and purpose of TIP Court is to offer an opportunity for offenders to achieve stability and recovery in order to lead meaningful and more productive lives without any further involvement in the Criminal Justice System.
- Veterans Court – Veterans Court is designed to give veteran offenders a second chance and, most importantly, services they need, it offers deferred sentencing for non-violent offenses if veterans agree to undergo substance abuse or mental health services. Once they complete the voluntary program, their charges are dismissed.

Criminal Bureau Staffing: The Criminal Bureau is approved to have 46 attorneys, 17 administrative assistants and 10 victim service providers assigned to the Bureau. Due to the financial crisis in Winnebago County our Criminal Bureau currently only has 29 attorneys, 15 administrative assistants and 9 victim service providers on staff. The Criminal Bureau is required to staff 14 courtrooms which is difficult with the current insufficient staffing level.

- The Civil Bureau is responsible for providing legal service for all offices of Winnebago County government including representing and advising the County and its officials in Civil litigation arising out of the course of their official duties. Other responsibilities of the Civil Bureau include animal services, mental health, involuntary commitment, zoning, arbitration and bargaining agreements.

Civil Bureau Staffing: The Civil Unit is approved to have 7 attorneys and 2 administrative assistants. Due to the financial crisis in Winnebago County our Civil Bureau currently only has 6 attorneys and 1 administrative Assitant on staff.

- The Investigative Unit: The Investigative Unit is responsible for conducting additional investigations after Law Enforcement has turned the case over to our office for review. They serve as the liasion between the office and all the law enforcement agencies within Winnebago County. The investigative unit works closely with the Victim Service Providers in our office serving subpoena's in criminal cases, coordinate witness transportation as necessary and provide courtroom security when needed. The Investigative Unit also oversees the weekly Grand Jury Proceedings.

Investigative Unit Staffing: The Investigative Unit is approved to have two full time investigators and 1 part-time investigator. Due to the financial crisis in Winnebago County the unit is currently functioning with only one full time investigator and two part-time investigators.

2. What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities.

Currently there at ten approved victim service provider positions for the Winnebago County State's Attorney's Office. Two of these positions work under a grant provided by the US

Department of Justice for Domestic Violence. These two victim service providers assist victims with criminal orders of protections and no stalking orders. We also have two victim service providers who work under the ICJIA Law Enforcement Prosecutor Based Victim Assistance Services Program grant which expires at the end of this year. These Victim Service Providers are both assigned to felony trial teams and coordinate with the victims and the attorneys throughout the entire criminal justice process. Two other victim service providers work under a grant provided by the Office of the Illinois Attorney General's Violent Crime Victim Assistance Program. One of those Victim Service Providers is assigned to another felony courtroom and the other is assigned to our juvenile unit. Both coordinate with the victims and witnesses throughout the entire criminal justice process. We also have four non-grant funded victim service provider positions currently of which only 3 are filled. One Victim Service Provider is assigned to another felony courtroom, another is assigned to the Domestic Violent felony trial team and another is assigned to our DUI/Traffic unit and works closely with Victim Service Providers with the Alliance Against Intoxicated Motorists. The open victim service provider position is to be assigned to our misdemeanor unit. Due to the financial crisis in Winnebago County this position is being held open therefore the other victim service providers assist with those cases along with their regular cases. All the victim service providers work with the victim/witnesses from the beginning of the criminal case to ensure that the victims are aware of their rights, receive the services they need. At the beginning stages of a case the victim service providers contact the victims either by phone or by mailing out a victim packet informing the victim of their rights under the Illinois Victims Bill of Rights, they are provided information on seeking restitution if that is warranted. Victims of violent crimes are provided the information on

the Attorney Generals Victim Compensation Program as well. In some cases referrals to other agencies such as Remedies, renewing lives for shelter care or counseling and support groups etc. The Victim Service Provider communicates and coordinates with the victim/witnesses throughout the entire criminal justice process. As cases go to sentencing the victim service providers assist the victims with preparing impact statements as well.

3. Please indicate the total number of staff currently dedicated to all victim services at your organization, not just this VOCA funded program.

| Type of staff | Number of staff |
|--|---|
| Number of staff providing direct service. <i>(Do not include managerial and support staff in this count).</i> | 10 approved positions only 9 currently staffed |
| Number of managerial staff | 0 |
| Number of administrative support staff | 0 |

4. Please list the county or municipality to be served by your program. If the proposed program will serve a portion of a county or municipality, please specify municipalities and/or neighborhoods.

The program will serve all of the jurisdictions in Winnebago County which includes Rockford, Illinois along with Loves Park, Machesney Park, Winnebago, Pecatonica, Durand, Cherry Valley, Rockton, Roscoe and South Beloit all in Illinois.

C. Agency Capacity and Experience

1. Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If program is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

The Crime Victims' Rights movement began in 1970 to advocate for participation by and fair treatment of victims in the criminal justice system. Illinois first passed a law granting crime victims various rights in 1984. As in many other states, Illinois voters later elevated these statutory rights to constitutional stature. In November 1992, Illinois voters adopted an

amendment to the Illinois Constitution guaranteeing crime victims 10 specific rights which were set for in Article I, Section 8.1(a) of the Illinois Constitution. According to our records the Winnebago County State's Attorney's Office hired its first victim service provider in November, 1986 and has been working with crime victims ever since. According to the most recent statistics on the ICJIA website in 2015 in Winnebago County there were 3923 Domestic Violence Cases reported; 2853 orders of protection; 2692 violent crimes reported, 1910 aggravated assault crimes reported; 4559 child abuse cases reported; 197 criminal sexual assault crimes reported and 22 murder cases reported along with numerous other crimes reported for Winnebago County. None of the crimes listed above are victimless crimes.

With ICJIA announcing the expiration of the Law Enforcement Prosecution Based Victim Assistance Service Program which our office has participated in for over 15 years the Winnebago County State's Attorney's Office is hoping to continue providing the victim services under this new grant opportunity. These services includes initial contact with victims of crimes, ensuring they understand their rights as victims, assisting with obtaining restitution information, completing victim impact statements, maintaining on-going communication with the victim throughout the entire court proceeding serving as the victims advocate.

2. If your agency not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services.

The Winnebago County State's Attorney's Office currently provides services for this grant focus area.

3. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions.

Currently the Winnebago County State's Attorney's Office has been awarded and has experience managing several grants from different agencies including an annual grant of \$30,000 from the Illinois Department of Children and Family Services (DCFS) to provide legal services relative to the termination of parental rights cases as requested by the DCFS, Office of Legal Services; we receive an annual grant of \$28,200 from the State's Attorney Appellate Prosecutor for prosecuting drug-related cases; we receive an annual grant currently in the amount of \$55,970 from the Illinois Attorney General to provide services to victim and witnesses of violent crimes and currently we have grant funding in the amount of \$61,558 from the Illinois Criminal Justice Authority Information Authority grant for the Law Enforcement Prosecutor Based Victim Assistance Service Program which expires at the end of 2017. Our office also employs a victim service provider who is funded under an OVW grant from the US Department of Justice however that grant is managed by the Domestic Violence Coordinated Courts within Winnebago County. The Winnebago County State's Attorney's Office total personnel budget for fiscal year ending on September 30, 2017 was \$5.4 million dollars. Total grant funding for the fiscal year was \$203,288 or 3.8% of our total personnel budget. Total victim service provider personnel expense was \$399,991. Total grant funding received specifically for victim services was \$145,088 representing 36% of the victim service provider expense and 2.7% of our overall personnel budget.

4. If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds. With ICJIA announcing the expiration of the Law Enforcement Prosecution Based Victim Assistance Service Program grant which our office has participated in for over 15 years the Winnebago County State's Attorney's Office is hoping to continue providing the victim services

under this new grant opportunity. These services includes initial contact with victims of crimes, ensuring they understand their rights as victims, assisting with obtaining restitution information, completing victim impact statements, maintaining on-going communication with the victim throughout the entire court proceeding serving as the victims advocate. In communication with ICJIA since the current grant funding is being discontinued, continuing to provide these services under the new grant would not be considered supplanting.

5. Describe how your agency will financially sustain the program at the end of the three-year funding period.

If there is not a continuation offered at the end of the three-year cycle our office will seek funding from other source that may be available. Otherwise, with the statutory requirements our office is mandated to provide under the Illinois Victim's Bill of Rights our office will work with the Winnebago County Board to ensure these positions are sustained and funded within the general fund in the Winnebago County Budget.

D. Direct Services

These funds are to be used for the creation or enhancement of services for crime victims provided through law enforcement agencies, state's attorney's offices, and county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including:
 - a) How victims will be screened for eligibility:
According to the notice of funding opportunity, victim services must be available to all crime victims and not only a specific victim group. The Office of the Winnebago County State's Attorney will assist all victims of crimes within the criminal justice system as our office is statutorily required to assist all victims of

crimes that occur in Winnebago County.

- b) How referrals will be made for services,
Most referrals for services are made in person based on the need. Our office also provides notification through the mail as well. Service referrals will depend on the needs of the victims. Some of the most common referrals include: Remedies for shelter care, counseling & support groups; Children's Safe Harbor for safe child visitation exchange; Winnebago County Housing Authority to assist with housing needs; Salvation Army for assistance with bills; Public Aid for food, financial and medical assistance; Rockford Rescue Mission for life recovery programs; Visiting Nurses Association provides services for the elderly; Rockford Area Sexual Assault for sexual abuse counseling; Carrie Lynn Children's Center child victims of sexual assault; Rosecrance for substance addiction treatment & Support; National Alliance on Mental Illness for mental illness treatment & support; Low Income Home Energy Assistance Program for assistance with energy bills; Prairie State/Zeke Georgi Legal Clinic for inquiries about legal representation in divorce or family cases; League of United Latin American Citizens to assist Spanish speaking individuals with divorce/family cases as well as deportation concerns; VINElink.com for victim notification on custody status/changes and criminal case information
- c) How services will be available for all victims of crime,
Information on services will be available and provided either in person or through the mail. Service referrals will depend on the needs of the victims such as shelter care, public aid, support group and other types of counseling etc.
- d) Location of victim service staff within law enforcement agency or state's

attorney's office, and

The victim service providers employed with the Winnebago County State's

Attorney's Office will be located within the office. Although our mailing address

is 400 W. State Street, Rockford, Illinois, our offices are located in 4 buildings

within walking proximity which include the main courthouse on the 6th and 7th

floor, the criminal justice center on the 2nd floor, the juvenile justice center on the

2nd floor and the old courthouse on the 3rd floor.

e) Coordination of services with other victim service staff.

All of the victim service providers within the Winnebago County State's

Attorney's Office work closely together. In major cases when there are numerous

victim/witnesses to coordinate for trial our VSP's double up to ensure the victims

receive the service they deserve and are entitled to according to the Illinois bill of

victim rights. Our office also works closely with the advocates from other

agencies as well. In cases involving sexual abuse to a child our victim service

provider's work closely with the victim service providers from the Carrie Lynn

Children's Center. Their victim service providers are specially trained to work

with sensitive cases involving sexually abused children and work well with our

VSP's throughout the trial. In cases that involve sexual assault of an adult our

victim service providers work closely with the victim service providers from the

Rockford Area Sexual Assault center. Their victim service providers are specially

trained to work with sensitive cases such as adult sexual assault and work well

with our VSP's throughout the trial. In DUI cases involving death our victim

service providers work closely with the victim service providers from the Alliance

Against Intoxicated Motorists (AAIM) who are specially trained to assist on

sensitive cases such as DUI cases which result in great bodily harm or death. Our office also works with the Visiting Nurses Association for cases involving elder abuse victims. In cases where there are victims of violent crimes and an arrest has not been made both the Rockford City Police Department and the Winnebago County Sheriff's office will contact our office for assistance with the victims and/or the victims' families.

2. Describe your agency's experience providing each proposed service. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity-building example and demonstrate a strong understanding of the service(s) being proposed.
The Winnebago County State's Attorney's Office has been referring services to crime victims for years. Our victim service providers have a combined experience of 49 years of service in the role as a Victim Service Provider. Once the VSP meets with a victim they are able to access and identify the needs of the victim and recommend appropriate referrals. Not only are our victim service providers experienced with providing referrals most of our attorneys are as well. Although our attorneys are assigned to a general felony trial team they have also received specialty case training as well. For example, elder abuse cases are handled by an attorney who has been trained specifically on elder abuse. These attorney's train with the visiting nurses association, attend monthly meetings keeping current on issues elder's experience. Another example would be victims of domestic violence, attorneys are trained for these cases and provide referrals for many different services such as shelter care, counseling and other services as needed. Child Sex cases are handled by attorneys who are trained and experienced in child sex cases. An example of capacity-building, would be in regards to ensuring everyone in our office understood Marsy's law and the notice of victim's assertion of rights. To address this, many of the attorney's in our office and the entire victim service provider staff attended the September

20, 2016 training “Enforcing the Constitutional and Statutory Rights of Crime Victims in Illinois” conducted by the Attorney General’s Office. This training provided a clear understanding of the victim’s and the statutory requirements our office is obligated to follow.

3. Project the number of clients to be served during the grant period. Explain and justify this projection.

According to the most recent statistics on the ICJIA website for Winnebago County there were 2692 violent crimes reported (1910 aggravated assault; 563 robbery; 197 criminal sexual assault and 22 murder cases). During this same time there were also 3923 domestic violence cases; 2853 orders of protection; 441 elder abuse cases; 4559 child abuse cases and 294 child sexual abuse cases. None of the crimes listed above are victimless crimes. According to statistics mentioned earlier, crime in Rockford, Illinois and Winnebago County continues to increase plaguing our community.

4. Describe known barriers to victims accessing victim services and how your agency will address these.

In the past there was a language barrier with the Spanish speaking community. This has improved as we continue to recognize and educate the Spanish speaking community that services are available. The fear of deportation with illegal immigrants is also a barrier for crime victims as well. Our office currently works with the community and approves U-Visa’s which has assisted with that barrier and we would continue with those methods.

5. Describe how the program design will incorporate trauma-informed care, as described in *Attachment 1* of the Notice of Funding Opportunity.

The two victim service providers assigned to this grant would be sent to at least one formal training regarding the impacts trauma has on the victims. They will then return and share what they have learned with the others in our office. Recognizing the impact that trauma has on victims is crucial and our office recognizes that building relationships with trauma victims by being sensitive to what they have experienced and providing support, encouragement and other

tools to keep them safe that empowers them to overcome the trauma that they have experienced.

6. Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services must also be made available after a victim's involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider. The Winnebago County State's Attorney's Office assists crime victims throughout the entire criminal justice system process. Once a case has completed our office continues to work with victims. Cases which result in a sentence being imposed to the department of corrections our office ensures that the victim has the information and understands how to register for victim notifications on the defendant custody status. Our office also receives defendant release notification from the department of corrections as well alerting us when a defendant will be released. On violent cases our office makes every effort to reach out personally to the victim to ensure they are aware of the status of the defendant and the pending release. Victims who we are not able to reach by phone are sent a letter to the last known address on file informing them of the defendants pending release date. As for the families of victims of homicide, our office holds a monthly homicide survivors support group. Although the support group is hosted by the victim service providers in our office the support group is led by volunteer counselors Kevin Polky and Delinda Grindle from KP Counseling. Our office also hosts an annual homicide survivor's memorial service as well. The memorial is held at the Riverside Community Church along the banks of the Rock River. Families of homicide victims join together to support each other and share fond memories. They bring pictures of their loved ones who are remembered with a candle lighting ceremony. The memorial is concluded with a balloon release over the Rock River. The Winnebago County State's Attorney's Office has held this memorial for 12 years now. It is important for the families to know that their loved ones are not forgotten.

7. Describe collaborative partners, any history of collaboration, and each partner's role in your proposed program.

Our office works closely with victim advocates from partner agencies within our community. .

For example, cases involving sexual abuse of a child our victim service provider's work closely with the victim service providers from the Carrie Lynn Children's Center. Their victim service providers work directly with the victim as they are specially trained for these types of sensitive cases. Our victim service providers coordinates the pre-trial meetings with the victims and the attorney's in the case. They also coordinate the victim/witness testimony schedule and are involved with the entire court process. In cases that involve sexual assault our victim service providers work closely with the victim service providers from the Rockford Area Sexual Assault center. Their victim service providers work directly with the victim as they are specially trained to work with these types of sensitive cases Our victim service providers coordinate the pre-trial meetings with the victims and the attorney's in the case. They also coordinate the victim/witness testimony schedule and are involved with the entire court process. Our office also works closely with the victim service providers from the Alliance Against Intoxicated Motorists (AAIM) in DUI cases involving death as well as with the victim service providers from the Visiting Nurses Association (VNA) in cases involving Elder Abuse. In cases where there are victims of violent crimes however an arrest has not been made both the Rockford City Police Department and the Winnebago County Sherriff's office will contact our office for assistance with the victims and/or the victims' families.

8. Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General.* Please explain how your agency informs victims of the VOCA Victims' Compensation program.

*Notification is defined as simply advertising the Victims' Compensation program through posters or brochures publicly visible in the agency's office. Other options include providing information on and referrals to the program and assistance with the application.

The Attorney General's posters promoting the Victim Compensation Program are displayed in our lobby reception areas. The victim letters we initially send out to victims and their families inform them of the program as well. For Violent Crimes our Victim Service Providers send a crime victim packet which includes the "Illinois Crime Victims Bill of Rights"; a copy of the Attorney General's "notice of victim assertion rights checklist"; a copy of the Attorney General's "Crime Victims Compensation Frequently asked questions"; a copy of the Attorney General's Application Instructions and Application"

E. Staffing Plan

1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; location of services; reporting and supervision structure; time budgeted; and funding source.
This program would fund two full time victim service providers assigned to our general felony trial teams and work with all types of cases. Under general supervision, these victim service providers act as an advocate, working closely with crime victims and witnesses to inform them of their rights under the criminal justice system. They provide resources, contacts and referrals for available services as needed. They prepare them for court proceedings and assists them through the entire criminal justice process. More specifically they are responsible for making initial contact with the victim/witnesses and family and communicating with them throughout the criminal justice process. They send out the information on the victim's compensation and restitution packet. Coordinate any travel arrangements necessary for court appearances, coordinate the witnesses for testimony during trial and assist the victims and families with completing the crime victims compensation packet as well as preparing victim impact statements. These victim service providers are scheduled for 40 hours per week and are located within the State's Attorney's Office. They report to the Chief of Operations who oversees them

and the program. Currently these positions are funded partially by county funds and partially by the ICJIA Law Enforcement Prosecutor based grant which expires the end of 2017.

2. What are the primary qualifications of program-funded staff (education, language skills, etc.)?

A bachelor's degree with major course work in social work or closely related human services field is preferred however not required. Most of our advocates have degrees in criminal justice with focus on psychology, human services and other legal studies. Several have previous employment experience that include social services such as the Youth Service Network and CASA. Three of our victim services providers also speak Spanish which has been an asset for the office.

3. Describe how cases are coordinated and supervised within the agency.

The victim service providers are supervised by the Chief of Operations. As for the coordination of cases, generally cases are coordinated by courtroom assignment. As cases are assigned to the criminal bureau they are assigned to an Assistant State's Attorney. The victim service providers follow the attorney's in their courtrooms so whichever courtroom the assigned attorney is in determines the victim service provider who will be assigned to the case. In the instances when the defense requests a substitute of judge, the assigned attorney and victim service provider will then follow the case to another courtroom. In some instances when the case is a sensitive, high profile case, it will be assigned to an attorney who has experience handling those specialized cases. For example sensitive cases such as child sexual abuse cases are assigned to attorneys who have been specially trained for those cases regardless of what courtroom the case is assigned to. Same as murder cases, domestic violence and elder abuse cases for example. They are assigned to a prosecutor who is experienced with those cases. In cases which have numerous victim/witnesses our office will assign a second victim service provider to ensure sure that the

victims and their families receive the attention they deserve throughout the entire criminal justice process.

4. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training.

Developing skills that improve our staff's trauma-informed responses is important to our office.

It is important that our staff be trained to recognize and understand the impact of trauma victims endure after violent crimes such as sexual assault and domestic violence. Although our victim service providers are sensitive to the needs and impact that victims have experienced it is important that all of our staff who interact with victims understand the impact violent crime has on victims. Therefore, the two victim service providers assigned to this grant program will receive training that will develop skills to improve trauma-informed responses to clients. There are training opportunities offered by the Department of Justice, the Office of Victims of Crimes lists training opportunities and other reputable offices. After completing the training the two assigned victim service providers assigned to the program will then provide a trauma focused training for our office.

5. What other training needs have you identified for staff funded under this program?

Ideally more specialized training. For example how to advocate for people with developmental disabilities; human trafficking; and the impacts of crime through social media such as stalking or cyber bullying.

6. How will you address those training needs? If you are unable to address those needs, please explain why.

The training needs will be addressed by participating in specialized training sessions that focus on assisting victims who have been involved with human trafficking or have mental disabilities.

These trainings are offered in both classroom settings as well as available on-line. Our office is

committed to training and will coordinate the trainings for the assigned staff. Fortunately our office is able to use forfeiture funds to provide training for our staff and attorneys.

7. Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them.

Due to the sensitiveness and confidentiality of our cases the Office of the Winnebago County State’s Attorney does not use volunteers for our victim service providers and trials. We do however have licensed counselors Kevin Polky and Delinda Grindle from KP Counseling who volunteer their time to provide support and counseling during our homicide survivors monthly meetings and annual Homicide Survivors Victim Memorial service. Our office does utilize interns however they are generally assigned to our records unit and 711 interns are assigned to our traffic unit.

8. Complete chart below by reporting staff by function(s) performed, not by title or location. Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.

| PROGRAM-FUNDED STAFF | Agency Full Time Equivalent* | % time on VOCA funded program | Program Full Time Equivalent** |
|---------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| <i>Example: Volunteer Coordinator</i> | .50 | 100 | .5 |
| <i>Example: Advocate</i> | .75 | 50 | .375 |
| Victim Service Provider | 1 | 100 | 1 |
| Victim Service Provider | 1 | 100 | 1 |
| | | | |
| TOTAL | 2 | 100 | 2 |

*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

** Program FTE is calculated by Agency FTE times the time on the program.

Job descriptions and list required training for each position must be submitted if application is funded.

F. Implementation Schedule

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

| Task | Staff Position Responsible | Date Due |
|--|-----------------------------------|---|
| <i>Example: Hire Staff</i> | <i>Program Administrator</i> | <i>Month One</i> |
| <i>Example: Train Staff</i> | <i>Training Coordinator</i> | <i>Month One</i> |
| Complete and submit all required application materials and supporting documentation. | Chief of Operations | October 15, 2017 |
| Designate the 2 Victim Service Providers to the grant. | Chief of Operations | December 15, 2017 Effective January 1, 2018 |
| Select and schedule training activities | Chief of Operations | December 15, 2017 |
| Submit quarterly data report to the Authority | Assigned Victim Service Providers | 15 th of every quarter |
| Submit quarterly fiscal reports to the Authority | Chief of Operations | 15 th of every quarter |

G. Goals, Objectives and Performance Metrics

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. Applicants may list additional support service objectives for the program.

Programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

Tracks I and II Goals, Objectives, and Performance Measures:

| Goal: To provide advocacy services to victims of crime. | |
|---|--|
| Objective | Performance Measure |
| SCREENING | |
| <p># ___ victims screened for eligibility by your agency.</p> <p>N/A The Winnebago County State’s Attorney’s Office does not necessarily screen for eligibility. Our office is statutorily required to assist all victims of crimes that occur in Winnebago County.</p> <p># ___ clients will be provided services by your agency.</p> <p>Approximately 100 crime victims/month for all victim service providers in our office, however the two victim service providers for this grant request would be approximately 35/month.</p> | <p># of victims screened for eligibility by your agency.</p> <p># of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred.</p> <p># of clients provided services by your agency.</p> |
| INFORMATION & REFERRAL | |
| <p># ___ clients will receive information about the criminal justice process. All crime victims will receive information from the Winnebago County State’s Attorney’s Office regarding the criminal justice system. This would reflect approximately 100 crime victims/month for all victim service providers however the two victim service providers for this grant request would be approximately 35 crime victims/month.</p> | <p># of clients provided information about the criminal justice process.</p> <p># of times staff provided information about the criminal justice process.</p> |
| <p># ___ clients will receive information about victim rights, how to obtain notifications, etc. All crime victims will receive information about victims rights, how to seek restitution, how to register for inmate status notification etc. All violent crime victims will be provided information regarding the victim compensation program. This would reflect approximately 100 crime victims/month for all victim service providers however the two victim service providers for this grant request would be approximately 35 crime victims/month and approximately half of those victims would receive information regarding the victim compensation program.</p> | <p># of clients provided information about victim rights, how to obtain notifications, etc.</p> <p># of times staff provided information about victim rights, how to obtain notifications, etc.</p> |
| <p># ___ clients will receive referrals to other victim service providers.</p> <p>The Winnebago County State’s Attorney’s Office doesn’t necessarily refer our crime victims to victim service providers in other agencies. However our victim service providers work closely with victim</p> | <p># of clients provided with referrals to other victim service providers.</p> <p>Please list the agencies to which you referred.</p> <p># of times staff provided referrals to other victim service providers.</p> |

| | |
|--|---|
| <p>service providers from other agencies that are involved with the criminal justice system such as the victim service providers from the Carrie Lynn Childrens’s Center on cases involving child sex abuse; the victim service providers from Rockford Area Sexual Assault Counseling on cases involving sexual assault to adults; the victim service providers from the Alliance Against Intoxicated Motorists on cases involving driving under the influence involving great bodily harm or death. Our victim service provider’s work closely with those agencies but not as a referral more as a partner. Our office does offer victims referrals for services in other agencies such as Remedies for shelter care in domestic violence cases etc.</p> | |
| <p># ___ clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) The Winnebago County State’s Attorney’s Office refers crime victims to other services as needed. This would reflect approximately 16 crime victims/month for all victim service providers however the two victim service providers for this grant request would be approximately 2-4 crime victims/month.</p> | <p># ___ clients provided with referrals to other services, supports, and resources. # of times staff provided referrals to other services, supports, and resources.</p> |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| <p># ___ clients will receive individual advocacy (e.g., assistance applying for public benefits). The Winnebago County State’s Attorney’s Office is not involved with this type of advocacy however our office would provide referrals to other agencies that would assist the crime victims with these types of services.</p> | <p># of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits).</p> |
| <p># ___ clients will receive assistance filing for victim compensation. The Winnebago County State’s Attorney’s Office provides violent crime victims the information on the Attorney General’s Victim Compensation Program this includes the application, instructions on how to fill out the application along with frequently asked questions. All of our victim service providers are available to assist the violent crime victims with completing the application needed. Approximately 2-4 crime victims/month request assistance with the victim compensation program.</p> | <p># of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation.</p> |
| <p># ___ clients will receive assistance intervening with an employer, creditor, landlord, or academic</p> | <p># of clients provided with assistance intervening with an employer, creditor, landlord, or academic</p> |

| | |
|--|--|
| <p>institution. The Winnebago County State's Attorney's Office will provide letters to employers regarding court proceedings as requested by victims; our office has also provided letters to landlords as well. Approximately 2-4 crime victims/month request employment letters all other requests are minimal.</p> | <p>institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution.</p> |
| <p># ___ clients will receive child or dependent care assistance. The Winnebago County Court House provides child care services for families who have court proceedings at the court. The Winnebago County State's Attorney's Office does not have a funding source to provide child care and or resources however our office will refer crime victims to the YMCA who offers Y-care.</p> | <p># of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance.</p> |
| <p># ___ clients will receive transportation assistance. The Winnebago County State's Attorney's Office provides transportation for victims/witnesses for court proceedings. If the victim/witness lives in Winnebago County and has no means of travel to the court house our investigative unit will provide them transportation to and from court. In cases where the victim/witness lives out of town our office will either expense or reimburse travel expense for airfare, bus fare and/or mileage. This assistance is provided to approximately 25-30 victim/witnesses annually.</p> | <p># of clients provided with transportation assistance. # of times staff provided transportation assistance.</p> |
| <p># ___ clients will receive interpreter services. 12.5 % of the citizens in Winnebago County are Spanish speaking. The Winnebago County Courthouse utilizes language line to interpret for crime victims as well as provide interpreters for trial. Three of our victim service providers are fluent in the Spanish language and are able to interpret for pre-trial meetings and other court proceedings as needed. Many of our domestic violence cases have Spanish speaking victims. Approximately 30 crime victims require an interpreter per month.</p> | <p># of clients provided with interpreter services. # of times staff provided interpreter services.</p> |
| <p># ___ clients will receive employment assistance (e.g., help creating a resume or completing a job application). The Winnebago County State's Attorney's Office is not involved with this type of advocacy however our office would provide referrals to other agencies that would assist the crime victims with these types of services.</p> | <p># of clients provided with employment assistance (e.g., help creating a resume or completing a job application). # of times staff provided employment assistance (e.g., help creating a resume or completing a job application).</p> |

| | |
|--|--|
| <p># ___ clients will receive education assistance (e.g., help completing a GED or college application). The Winnebago County State’s Attorney’s Office is not involved with this type of advocacy however our office would provide referrals to other agencies that would assist the crime victims with these types of services.</p> | <p># clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application).</p> |
| <p># ___ clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). The Winnebago County State’s Attorney’s Office is not involved with this type of advocacy however our office would provide referrals to other agencies that would assist the crime victims with these types of services.</p> | <p># of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education).</p> |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| <p># ___ clients will receive crisis intervention. The victim service providers in the Winnebago County State’s Attorney’s Office provide emotional support to crime victims during court proceedings. The victim service providers assist domestic violence victims with safety planning. However our office would refer victims that require crisis intervention to other agencies such as Remedies “renewing lives” for emotional and safety support.</p> | <p># of clients provided with crisis intervention. # of crisis intervention sessions provided by staff.</p> |
| <i>SHELTER/HOUSING SERVICES</i> | |
| <p># ___ clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) The Winnebago County State’s Attorney’s Office is not involved with this type of advocacy however our office would provide referrals to other agencies that would assist the crime victims with these types of services.</p> | <p># of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing)</p> |
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| <p># ___ clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) The primary role of the victim service providers in the Winnebago County State’s Attorney’s Office is to perform these functions. We are required by statute and the Illinois Crime Victims Bill of Rights to provide these services. This would reflect approximately 100 new crime victims/month for all victim service providers however the two victim service providers for this grant request would be</p> | <p># of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events.</p> |

| | |
|--|---|
| <p>approximately 35 new crime victims/month. These figures reflect only new victims each month. Some cases take longer to prosecute and our victim service providers continue to assist those victims throughout the entire criminal justice process.</p> | |
| <p># ___ clients will receive victim impact statement assistance. As cases proceed to trial our victim service providers will provide crime victims the information needed to prepare a victim impact statement for sentencing. They will provide guidance and assist with the process as needed. The victim service providers assist approximately 2-4 crime victims with this process each month.</p> | <p># of clients provided victim impact statement assistance.</p> |
| <p># ___ clients will receive assistance with restitution. The victim service providers provide restitution information to crime victims early in the criminal justice process. They assist approximately 2-4 crime victims with completing the restitution paperwork each month.</p> | <p># of clients provided assistance with restitution.</p> |
| <p># ___ it clients will receive civil advocacy/accompaniment. The Winnebago County State’s Attorney’s Office has two victim service providers that assist with criminal orders of protection and located at the Domestic Violence Assistance Center in the courthouse. The center also includes victim service providers from “Remedies, renewing lives” who assist with civil orders of protection. In the event that their staff is in court or not available to assist with a civil order of protection our victim service providers will assist as the goal is to ensure everyone receives help and not one is turned away without receiving services. On average they prepare 12 OP’s per month and generally half of them are civil order of protections.</p> | <p># of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment.</p> |
| <p># ___ clients will receive criminal advocacy/accompaniment. All of the crime victims that the victim service providers in the Winnebago County State’s Attorney’s Office assist are for criminal cases. This would reflect approximately 100 new crime victims/month for all victim service providers however the two victim service providers for this grant request would be approximately 35 new crime victims/month. This figure does not include current victims which would increase this figure</p> | <p># of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment.</p> |

| | |
|--|--|
| approximately 135 per month. | |
| REQUIRED TRAININGS | |
| <p><i># ___ staff will receive training on trauma</i></p> <p>The two victim service providers associated with this grant application would receive training on trauma. Those victim service providers would then provide the training and information for the rest of the victim service providers and any other attorney and/or staff who are interested in participating. This would include at least one formal training on trauma for the two assigned victim service providers who would share with a minimum of 8 other staffers and up to 40 additional staffers.</p> | <p><i># of staff trained</i></p> <p><i># of trainings on trauma held</i></p> |

Additional Track II Goals, Objectives, and Performance Measures: N/A

| | |
|---|---|
| REQUIRED TRAININGS | |
| <p><i># ____ of individuals interviewed to become a CASA volunteer.</i></p> | <p><i># of individuals interviewed to become a CASA volunteer.</i></p> <p><i># of individuals offered a volunteer CASA position.</i></p> |
| <p><i># ____ of volunteer trainings to be held.</i></p> | <p><i># of volunteer trainings held.</i></p> <p><i># of volunteers trained.</i></p> |
| <p><i># ___ of current CASA volunteers.</i></p> | <p><i># of current CASA volunteers.</i></p> |
| <p><i># ____ of cases to be reviewed and assigned to advocates.</i></p> | <p><i># of cases reviewed and assigned to advocates.</i></p> <p><i># of clients served by advocates.</i></p> <p><i># of supervision meetings held with advocates.</i></p> |

| | | | |
|--|--|---|-----------------|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Winnebago County on behalf of Winnebago County State's Attorney's Office | DUNS#: 010243822 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: |

All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." **Please read all instructions before completing form.**

SECTION A -- FEDERAL/STATE OF ILLINOIS FUNDS

| Revenues | Year 1 | | |
|---|-----------|--|--|
| (a). State of Illinois Grant Amount Requested | \$ 85,406 | | |

BUDGET SUMMARY - FEDERAL/STATE OF ILLINOIS FUNDS

| Budget Expenditure Categories | OMB Uniform Guidance Federal Awards Reference 2 CFR 200 | Year 1 | | |
|--|---|------------------|--|--|
| 1. Personnel (Salaries & Wages) 200.430 | | \$ 75,920 | | |
| 2. Fringe Benefits 200.431 | | \$ 9,486 | | |
| 3. Travel 200.474 | | \$ - | | |
| 4. Equipment 200.439 | | \$ - | | |
| 5. Supplies 200.94 | | \$ - | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | | \$ - | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | | \$ 85,406 | | |
| 17. Indirect Costs* (see below) 200.414 | | | | |
| Rate: ___% Base: \$ ___ | | \$ - | | |
| 18. Total Costs State Grant Funds (lines 16 and 17) | | \$ 85,406 | | |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

- 1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

- 2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

- 2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

- 4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
 Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is _____%

- 5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

| | |
|--|---------|
| Period Covered by the NICRA: | _____ |
| Approving Fed/State Agency (please specify): | _____ |
| The Indirect Cost Rate is: | _____ % |
| The Distribution Base is: | _____ |

| | | | | | |
|---|--|---|--------|---|--|
| STATE OF ILLINOIS | | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Winnebago County on behalf of Winnebago County State's Attorney's Office | | DUNS#: 010243822 | | NOFO ID: 1474-361 Grant #: | |
| CFSA Number: 546-00-1474 | | CSFA Short Description: VOCA FFY16 | | State Fiscal Year(s): 18-19 Project Period: | |
| If you are required to provide or volunteer to provide cost-sharing, matching funds, other funding or contributions to the project, these should be shown for each applicable budget category. All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." Please read all instructions before completing form. | | | | | |
| SECTION B -- MATCH FUNDS | | | | | |
| Program Revenues | | Year 1 | | | |
| Grantee Match Requirement: <u>20</u> % (ICJIA to populate only if match is required) | | | | | |
| (b). -Cash | | \$ | 21,351 | | |
| (c). -Non-cash | | | | | |
| (d). Other Funding & Contributions | | | | | |
| NON-STATE Funds Total | | \$ | 21,351 | | |
| BUDGET SUMMARY MATCH FUNDS | | | | | |
| Budget Expenditure Categories <i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i> | | Year 1 | | | |
| 1. Personnel (Salaries & Wages) 200.430 | | \$ | - | | |
| 2. Fringe Benefits 200.431 | | \$ | 21,351 | | |
| 3. Travel 200.474 | | \$ | - | | |
| 4. Equipment 200.439 | | \$ | - | | |
| 5. Supplies 200.94 | | \$ | - | | |
| 6. Contractual Services (200.318) & Subawards (200.92) | | \$ | - | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 16. Total Direct Costs (lines 1-15) 200.413 | | \$ | 21,351 | | |
| 17. Indirect Costs* (see below) 200.414 | | | | | |
| Rate: _____ % Base: _____ | | \$ | - | | |
| 18. Total Costs NON-ICJIA (Match) Funds (lines 16 and 17) | | \$ | 21,351 | | |

| | | | |
|--|--|---|-----------------|
| STATE OF ILLINOIS | UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Winnebago County on behalf of Winnebago County State's Attorney's Office | DUNS#: 010243822 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: |

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s). "

| Implementing Agency | | Program Agency |
|--|---|---|
| Winnebago County on behalf of Winnbago County State's Attorney's O Name of Applicant Institution/Organization | Winnebago County on behalf of Winnbago County Name of Applicant Institution/Organization | Winnebago County State's Attorney's Institution/Organization |
| _____ Signature | _____ Signature | _____ Signature |
| Frank Haney Name of Official | Susan Goral Name of Official | Joseph P. Bruscato Name of Official |
| Winnebago County Board Chairman Title Chief Financial Officer (or equivalent) | Winnebago County Treasurer Title Executive Director (or equivalent) | State's Attorney Title Executive Director (or equivalent) |
| _____ Date of Signature | _____ Date of Signature | _____ Date of Signature |

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

| | | | | | |
|--|---------------|--|----------|-----------------|--|
| Grantee (or Subgrantee) DUNS: | | 0104243822 | | | |
| Grantee (or Subgrantee) Name: | | Winnebago County on behalf of the Winnebago County State's Attorney's Office | | | |
| Grantee (or Subgrantee) DBA: | | Winnebago County on behalf of the Winnebago County State's Attorney's Office | | | |
| Grantee (or Subgrantee) Address: | | 404 Elm Street | | | |
| City: | Rockford | State: | Illinois | Zip+4: | 61101-1239 |
| | | | | | Congressional District: 16 & 17 |
| Grantee (or Subgrantee) Principal Place of Performance: | | | | | |
| City: | Rockford | State: | Illinois | Zip+4: | 61101-1239 |
| | | | | | Congressional District: 16 & 17 |
| Grant #: | Award Amount: | \$ | 85,406 | Project Period: | |
| State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority | | | | | |
| CSFA Short Description: VOCA FFY16 | | | | | |
| Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | | | |
| Yes <input type="checkbox"/> If yes, must answer Q2 below. | | | | | |
| No <input checked="" type="checkbox"/> If no, you are not required to provide data. | | | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | | | |
| Yes <input type="checkbox"/> If yes, you are not required to provide data. | | | | | |
| No <input type="checkbox"/> If no, you must provide the data. Please fill out the rest of this form. | | | | | |
| Please provide names and total compensation of the top five officials: | | | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |
| Name: | | Amount: | | | |

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

| Description | Computation | | Federal/State Amount | Match | Total Cost |
|-------------|-------------|------|----------------------|-------|------------|
| | Base | Rate | | | |
| N/A | | | | | \$ - |

Indirect Cost Narrative:

N/A

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Signature

Name of Official

Title
Chief Financial Officer (or equivalent)

Date of Signature

Institution/Organization

Signature

Name of Official

Title
Executive Director (or equivalent)

Date of Signature

Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>Federal/State Amount</i> | <i>Match Amount</i> | <i>Total Amount</i> |
|--------------------------------|-----------------------------|---------------------|----------------------|
| 1. Personnel | \$ 75,920.00 | \$ - | \$ 75,920.00 |
| 2. Fringe Benefits | \$ 9,486.00 | \$ 21,351.00 | \$ 30,837.00 |
| 3. Travel | \$ - | \$ - | \$ - |
| 4. Equipment | \$ - | \$ - | \$ - |
| 5. Supplies | \$ - | \$ - | \$ - |
| 6. Contractual Services | \$ - | \$ - | \$ - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. Indirect Costs | \$ - | \$ - | \$ - |
| TOTAL PROJECT COSTS | \$ 85,406.00 | \$ 21,351.00 | \$ 106,757.00 |

| | | | |
|--|---|--|-----------------|
| ICJIA Agency Approval | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA) | AGENCY: Illinois Criminal Justice Information Authority | |
| Implementing Agency Name: Winnebago County on behalf of Winnebago County State's Attorney's Office | DUNS#: 010243822 | NOFO ID: 1474-361 | Grant #: |
| CFSA Number: 546-00-1474 | CSFA Short Description: VOCA FFY16 | State Fiscal Year(s): 18-19 | Project Period: |

FOR ICJIA USE ONLY

Final Budget Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Total Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |

Budget Revision Amount Approval

| | | | |
|--|---|--|-------------|
| <u>Final Revised Budget Amount</u> | <u>ICJIA Program Staff Name</u> | <u>ICJIA Program Staff Signature</u> | <u>Date</u> |
| <u>Final Total Award Amount (if different)</u> | <u>ICJIA Fiscal & Administrative Staff Name</u> | <u>ICJIA Fiscal & Administrative Signature</u> | <u>Date</u> |

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- GATA General Instructions

Section A – Budget Summary

FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by all applicable budget categories. **Please read all instructions before completing form.**

FEDERAL/STATE GRANT FUNDS

Provide a total requested ICJIA Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – FEDERAL/STATE FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories.

For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A - Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois the applicant must either:

- A) **Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) **Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) **Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note**: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. **Note** the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note**: See Notice of State Award for Restricted Rate Programs

Section B - Budget Summary

MATCH FUNDS

MATCH FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-ICJIA resources to the project, the applicant must provide a revenue breakdown of all Match funds in lines (b)-(d). the total of "Match Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – MATCH FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other match resources to the project, these costs should be shown for each applicable budget category of Section B.

For each applicable budget category for which matching funds are provided, show the total contribution. Only use those categories that are visible.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable ICJIA-specific instructions.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For match funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

Budget Instructions (General)

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.

4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.

5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.

- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

State of Illinois -- Uniform Budget Template (updated by ICJIA) -- ICJIA Specific Instructions

Section A – Budget Summary

I. Section A: Federal/State funds are those that come from ICJIA as part of a NOFO or continuation. The Implementing Agency is the entity that will be responsible for managing the agreement. Please complete all cells in blue. If indirect costs are being included in the budget, don't forget to include the Rate and Base in the left column. The following information can be found on the GATA website or on the Uniform Notice of Funding Opportunity (NOFO): NOFO ID; CFSA Number; CFSA Short Description; State Fiscal Year(s) and Project Period. If this is a continuation grant, please enter the grant number.

II. Section A - Indirect Costs: One of the following must be checked: Item 1; 2a or 2b; 3, 4, or 5. If Option 1 or 2a is selected, then the box at the bottom of the page must be filled out.

III. Section B: All required match must be included. If you are including additional match (overmatch), do not separate required match from overmatch. Those amounts should be combined together. If match is being included in your budget, please complete all cells in blue. If indirect costs will be paid by matching funds, include the Rate and Base in the left column.

IV. Applicant Certification: The Implementing Agency (and Program Agency, if different from the Implementing Agency), must complete this form at the time the grant agreement is signed.

V. FFATA Form: This should only be filled out if the source of ICJIA funds is federal (ie JAG, VOCA, VAWA, etc.) AND if the implementing agency receives \$25,000 or more in federal funds. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Uniform Notice for Funding Opportunity (NOFO). If there is a CFDA number, then this award includes federal funds.

VI. Section C1- Personnel:

A) If a cost of living increase is anticipated, please reflect the adjusted salary in one line item. In the justification, please state that the salary reflects a cost of living increase and provide the amount/length of time of the initial salary and amount/length of time of the final salary.

B) If you are budgeting for overtime, please put the overtime amount on the bottom row. In the justification, please state how the overtime amount has been calculated.

C) Quantity of time will depend on the basis selected.

VII. Section C2 - Fringe:

A) If additional staff were added to the Personnel tab, please make sure they are also added here. Check the totals to make sure that all additional personnel are included. Fringe should include both the ICJIA and match amounts.

B) If a personnel's salary is prorated, then the flat rate fringe must also be prorated.

C) Please enter the percentages for retirement, insurance (include health, dental and life) and workman's comp. If there are other fringe benefits, please enter what the benefit is and the percentage.

D) Column M has been provided for any flat rate fringe benefits. Please enter the dollar amount in Column M. The narrative should provide sufficient detail that ICJIA understands how the flat rate fringe benefits were calculated.

VIII. Section C3 - Travel:

A) This page is to be used for all travel costs - both daily and out of town. Please put similarly purposed trips together. For example - daily mileage reimbursement costs can all be on one line item and daily parking costs on the next line item. Out of town trips should also be listed together. For example, if you will attend two conferences, please put costs associated with the first conference together, and then put costs associated with the second conference together.

B) Travel expenses can not exceed the State of Illinois rates (or your agency's rate, whichever is lower). Mileage, per diem, and lodging rates can be found here:

<https://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx> (copy and paste this address into a web browser).

IX. Section C4 - Equipment:

A) All equipment must be purchased no later than 90 days after the start of the grant, unless otherwise approved by your ICJIA grant monitor.

B) Equipment must be pro-rated if the piece of equipment will be used for any purpose other than the grant program.

X. Section C5 - Supplies: Please list all supplies/commodities in this section.

XI. Section C6 - Contractual Services: Pro-rated Share - Certain contractual costs must be pro-rated to determine how much can be applied to the grant program. For example, telephone costs would be proportional to the number of FTEs on the grant funded program divided by the total number of FTE employees in the office. Utility or rent costs would be proportional to the space occupied by the grant funded program divided by the total space.

XII. Section C16 - Indirect Costs:

A) If a federally-approved or state-approved indirect cost rate is being included, please provide the letter showing the approved indirect cost rate.

B) If any indirect cost rate is being included (de minimus, federally approved or state approved), the certification must be signed at the time the grant agreement is signed.

XIII. Summary: Please make sure the amounts on this page are the same as the amounts on each of the Budget Worksheet and Narrative tabs.

XIX. Agency Approval: Do not complete this form - this will be filled out by ICJIA.

Uniform Notice for Funding Opportunity (NOFO)

Victims of Crime Act: Law Enforcement/Prosecution/County-CASA Victim Assistance
Program August 30, 2017

| | Data Field | |
|-----|---------------------------------------|---|
| 1. | Awarding Agency Name: | Illinois Criminal Justice Information Authority |
| 2. | Agency Contact: | Ronnie J Reichgelt Victim Services Programs Administrator Illinois Criminal Justice Information Authority 300 West Adams, Suite 200 Chicago, IL 60606 cja.vocagrantsunit@illinois.gov 312-793-8550 |
| 3. | Announcement Type: | <input checked="" type="checkbox"/> Initial announcement <input type="checkbox"/> Modification of a previous announcement |
| 4. | Type of Assistance Instrument: | Grant |
| 5. | Funding Opportunity Number: | 1474-361 |
| 6. | Funding Opportunity Title: | Victims of Crime Act: Law Enforcement, Prosecution, and County-CASA Victim Assistance Program |
| 7. | CSFA Number: | 546-00-1474 |
| 8. | CSFA Popular Name: | VOCA FFY16 |
| 9. | CFDA Number(s): | 16.575 |
| 10. | Anticipated Number of Awards: | N/A |
| 11. | Estimated Total Program Funding: | \$6,000,000 |
| 12. | Award Range | \$40,000-\$1,500,000 |
| 13. | Source of Funding: | <input checked="" type="checkbox"/> Federal or Federal pass-through <input type="checkbox"/> State <input type="checkbox"/> Private / other funding Mark all that apply |
| 14. | Cost Sharing or Matching Requirement: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. | Indirect Costs Allowed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Restrictions on Indirect Costs | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the citation governing the |

| | | |
|-----|--------------------------------|--|
| | | restriction: |
| 16. | Posted Date: | August 30, 2017 |
| 17. | Closing Date for Applications: | 11:59 p.m., October 15, 2017 |
| 18. | Technical Assistance Session: | <p>Session Offered: X Yes <input type="checkbox"/> No</p> <p>Session Mandatory: X Yes <input type="checkbox"/> No</p> <p>Applicants must view and certify that that they have watched the recorded webinar which will be available beginning at 1:30 p.m., September 14, 2017.</p> <p>View the webinar at: https://gata.icjia.cloud/</p> |

A. Program Description

The Illinois Criminal Justice Information Authority (ICJIA) is a state agency dedicated to improving the administration of criminal justice. ICJIA brings together key leaders from the justice system and the public to identify critical issues facing the criminal justice system in Illinois, and to propose and evaluate policies, programs, and legislation that address those issues. The statutory responsibilities of ICJIA fit into four areas: grants administration; research and analysis; policy and planning; and information systems and technology.

The federal 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.

ICJIA is the state agency charged with the administration of the Illinois' Victims of Crime Act Victim Assistance Formula Grant Program. This program is supported by fines and penalties levied against criminals convicted of federal crimes and allocated to states by formula by the Office for Victims of Crime of the U.S. Department of Justice. In federal fiscal year 2016, Illinois received a VOCA award of \$87.1 million.

VOCA grants must support the provision of direct services to victims of crime. States are required to allocate a minimum of 10 percent of funds received for services to each of the following: victims of sexual assault, domestic violence, child abuse, and underserved victims of violent crime. **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 existing projects.**

For more information on the VOCA Program please visit:
<http://ojp.gov/ovc/about/victimsfund.html>.

ICJIA recently completed a statewide assessment of victim services in Illinois. The report was presented to the Ad Hoc Victim Services Committee for consultation and coordination with other state agencies. The final report's recommendations were approved by the ICJIA Board in January 2017. These recommendations outline a comprehensive plan to address victim needs in Illinois and are reflected in this funding opportunity where appropriate. Please see the following link to access the report and recommendations: <http://www.icjia.state.il.us/articles/ad-hoc-victim-services-committee-research-report>.

Authorizing Statutes

The Victims of Crime Act of 1984 established the Crime Victims Fund (42 U.S.C. 10601(c)) for the purpose of creating a special mandatory spending account dedicated to helping victims of all types of crimes. Programs authorized by the Victims of Crime Act are:

- Children’s Justice Act grants.
- U.S. Attorney’s victim/witness coordinators.
- F.B.I victim assistance specialists.
- Federal victim notification system.
- OVC discretionary grants.
- State compensation formula grants.
- State victim assistance formula grants.
- Antiterrorism Emergency Reserve.

The Illinois Criminal Justice Information Act (20 ILCS 3930/7(k)) established ICJIA as the agency “to apply for, receive, establish priorities for, allocate, disburse and spend grants of funds that are made available...from the United States pursuant to the federal Crime Control Act of 1973, as amended, and similar federal legislation, and to enter into agreements with the United States government to further the purposes of this Act, or as may be required as a condition of obtaining federal funds.”

In addition, “distribution of federal funds through the Victims of Crime Act of 1984 by the Illinois Criminal Justice Information Authority is authorized by 20 Ill. Admin. Code 1520.40, stating in pertinent part that “[ICJIA] will annually review Section 1404 of the Victims of Crime Act of 1984 (P.L. 98-473, effective October 12, 1984) and based on the requirements of Section 1404(a) and (b), the need for services to victims and the services available to address that need, as evidenced by oral and written comment and testimony received at public meetings conducted pursuant to the Open Meetings Act (Ill. Rev. Stat. 1983, ch. 102, par. 41 et seq.), select program priorities for each federal fiscal year.”

The agency must comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity, including, but not limited to the Illinois Human Rights Act (775 ILCS 5/1-101 et seq.), Public Works Employment Discrimination Act (775 ILCS 10/1 et seq), United States Civil Rights Act of 1964 (as amended) (42 USC 2000a-and 2000H-6), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), Americans with Disabilities Act of 1990 (42 USC 12101 et seq.), and Age Discrimination Act (42 USC 6101 et seq.).

Background

In January 2017, the ICJIA Ad Hoc Victim Services Committee identified 12 funding priorities¹ to guide ICJIA VOCA funding initiatives for the next three years. One priority is to increase funding for advocates and social workers within a variety of organizations to enhance immediate service access for victims. In an ICJIA survey conducted by researchers, participants consistently stated that early points of contact are critical to educating, referring, and engaging victims in services, and the need for criminal justice education and for advocacy services were identified across nearly every crime type examined (victims of child abuse, community violence, human trafficking, sexual assault, survivors of homicide). Research suggests that few victims of serious violent crimes, such as rape, aggravated assault, and robbery, ever receive services from a victim service provider (9 percent).² Placing advocates and social workers at earlier points of contact may increase service awareness and utilization for victims of crime.

Victim advocates are trained professionals who support victims of a crime, including, but not limited to, providing information and referrals, emotional support, or assistance finding resources or filling out paperwork.³ Research has shown that the presence of a victim-centered advocate within medical and legal systems, including the courts, reduces insensitive and victim-blaming responses that are retraumatizing for victims and increases the number of services that a victim receives.⁴ While victim service agency and criminal justice system coordination, where service providers are located within the courts and police departments to provide support and referrals, has led to improved victim satisfaction, less is known about other victim outcomes.⁵ Beyond coordination, a victim-centered approach to services may also increase positive outcomes. A victim-centered approach to advocacy services seeks to reduce retraumatization, address the needs of survivors and ensure compassionate, non-judgmental service delivery, particularly in the criminal justice system.⁶ Ultimately, the victim's voice, safety, and overall well-being are the top priority in all grant-funded activities.⁷

While there are a variety of avenues through which victims may seek help, the criminal justice system is one setting in which individuals can become aware of or access support services. This Notice of Funding Opportunity will support the provision of advocates within law enforcement

¹ For the full report with the twelve priorities, see <http://www.icjia.state.il.us/publications/ad-hoc-victim-services-committee-research-report>

² Langton, L. (2011). *Use of victim services agencies by victims of serious violent crime, 1993-2009*. Bureau of Justice Statistics. Retrieved at: <https://www.bjs.gov/content/pub/pdf/uvsavsvc9309.pdf>

³ <https://victimsofcrime.org/help-for-crime-victims/get-help-bulletins-for-crime-victims/what-is-a-victim-advocate->

⁴ Campbell, R. (2006). Rape Survivors' Experiences With the Legal and Medical Systems: Do Rape Victim Advocates Make a Difference? *Violence Against Women*, 12(1), 30-45.

Weisz, V. & Thai, N. (2003). The Court-Appointed Special Advocate (CASA) Program: Bringing Information to Child Abuse & Neglect Cases. *Child Maltreatment*, 8, 204-210

⁵ Zweig, J.M. & Burt M.R. (2006). Predicting case outcomes and women's perceptions of the legal system's response to domestic violence and sexual assault: Does interaction between community agencies matter? *Criminal Justice Policy Review*, 17, 202-233.

⁶ <https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/>

⁷ <https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/>

agencies, state's attorney's offices, and the courts through court-appointed special advocates (CASAs).⁸

Program Design

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county CASA programs.

A crime victim is a person who has suffered physical, sexual, financial, or emotional harm as a result of the commission of a crime.

Direct services for crime victims include services described in 42 U.S.C. 10603(d)(2) and efforts that:

- (1) Respond to the emotional, psychological, or physical needs of crime victims.
- (2) Assist victims to stabilize their lives after victimization.
- (3) Assist victims to understand and participate in the criminal justice system.
- (4) Restore a measure of security and safety for the victim.

Program Design Requirements

Applicants must apply for funding to support either a Law Enforcement/Prosecution-Based Victim Assistance Program (Track 1) or a Court Appointed Special Advocacy (CASA) Program (Track 2). Eligible agencies will be allowed to apply for funding for staffing, staff training, supervision of direct services, and office equipment to create or expand existing victim service programs.

All activities supported with this award must fall outside of the normal scope of any active investigation or prosecution of criminal activities; grant funds cannot be used to facilitate participation of witnesses in criminal justice proceedings. Victim eligibility for services cannot be contingent upon participation in the criminal justice process. Services also must be made available after a victim's involvement with the criminal justice system has ended, by either the applicant agency or referral to a victim service provider.

I. Track 1: Law Enforcement/Prosecution-Based Victim Assistance Program

The Law Enforcement/Prosecution-Based Victim Assistance Program will fund advocate position(s) to provide direct services to victims at law enforcement agencies or state's attorney's offices. Services funded under this funding opportunity must be located within the offices of the law enforcement agency or state's attorney. Victim services must be available to all crime victims and not only a specific victim group (e.g. victims of domestic violence). While agencies

⁸ The court appointed special advocate (CASA) program recruits, screens, trains, and supervises community volunteers to advocate for the best interests of children who have become dependent on the State, including victims who are abused and neglected. The duties of CASA volunteers include investigating the child's situation, reporting the facts to the court, meeting with the child, reporting the child's wishes to the court, monitoring all court orders for compliance, and making recommendations in the best interest of the child (Weisz & Thai, 2003).

may provide specialized advocates that have expertise in services for a particular victim group, agencies must make services available to victims of other crime types through the proposed program. For example, an agency may provide a specialized advocate and a more general victim service advocate or a specialized advocate may choose to expand his/her services to meet the needs of all victims of crime.

Victim service agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement. Additionally, while not required, victim service agencies may include a funded coordinator position in their applications to assist in the management and administration of services in conjunction with the public entity liaison.

Required Activities

Advocates are required to provide crisis intervention and case management:

1. Crisis Intervention: Refers to victim de-escalation, emotional support, and guidance provided by advocates. May occur at the scene of a crime, immediately after a crime, or be provided on an ongoing basis.
2. Case Management: Refers to assisting victim(s) in identifying and achieving their needs and goals, and includes at a minimum:
 - a) Assessment and development of a service plan to facilitate a client's progress.
 - b) Information and referral to needed services.
 - c) Advocacy that includes one or more of the following:
Assisting victims in securing rights and services from other agencies, writing a victim impact statement, completing victim compensation paperwork, or obtaining criminal or civil protection orders; intervening with employers, creditors and others on behalf of a victim; assisting in filing for losses covered by public and private insurance programs; accompanying victims to the hospital, and other activities.
 - d) Ongoing emotional support.

II. Track 2: Court Appointed Special Advocacy Program

The Court Appointed Special Advocate (CASA) Program will fund CASA volunteer coordinator position(s) to facilitate the provision of direct services to child victims.

Required Activities

Volunteer Coordinators are required to provide:

1. Training and Supervision: Refers to the training and supervision of volunteer advocates who provide direct services to child victims of physical and sexual abuse, criminal neglect, and abandonment. Coordination must include at a minimum:

- a) Training of volunteer advocates.
- b) Reviewing and assigning cases to volunteers.
- c) Assisting volunteers in case management and review.
- d) Providing consultation on cases as needed.
- e) Evaluating and maintaining volunteer workloads.

Program Staffing and Training Requirements

The applicant's completed program narrative should reflect the program requirements outlined below. The applicant is responsible for including related costs in the budget and budget narrative should funds be needed to accomplish these requirements.

Direct Service Staff: Sufficient staffing to provide the required services for all clients to be served. Staffing plan should include ability to serve clients with various levels and length of service needs.

Direct Service Staff Training: Grant-funded advocates and volunteer coordinators must be trained in victim service advocacy. Examples of eligible training include, but are not limited to, the Office of the Illinois Attorney General Victim Academy, the Illinois Coalition Against Domestic Violence 40 hour training, and the Illinois Coalition Against Sexual Assault 40 hour training.

Trauma awareness: At minimum, agency must demonstrate trauma awareness, including completion of at least one training on trauma for all funded staff during the grant period. Agencies are strongly encouraged to take additional steps toward building internal capacity for engaging in trauma-informed practices, such as the development and use of trauma screening tools, policies, and practices that address compassion fatigue and self-care among staff, and the use of program assessment to gauge agency trauma readiness.

Trauma-Informed Practices

Applicants are strongly urged to increase their knowledge of trauma-informed practices and, where appropriate, incorporate trauma-informed practices into proposed services. See *Attachment 1* for an overview of trauma-informed services. Becoming trauma-informed is a continual process of organizational assessment and change. Applicants should describe their current practices and identify how trauma-informed practices will be integrated into their proposed services. ICJIA reserves the right to survey grantees to assess knowledge of trauma-informed practices and implementation of these practices as part of a grant monitoring function. With periodic assessments, agencies and ICJIA may identify areas of strength and growth for adopting a trauma-informed approach to services that help to prevent the re-traumatization of victims.

Goals, Objectives and Performance Metrics

The following table depicts objectives linked to performance indicators that show progress toward the proposed program goal. Applicants are required to complete the table by entering ambitious yet realistic numbers for each objective based on the proposed program. Applicants may list additional support service objectives for the program.

Programs selected for funding will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period.

All funded programs may be required to participate in a program evaluation as a condition of this award. This evaluation to understand the process of service delivery by system-based advocates and victim outcomes may be conducted by external evaluators. Programs that subcontract for specialized professionals services must include a provision requiring evaluation participation in each subcontract.

Tracks I and II Goals, Objectives, and Performance Measures

| Goal: To provide advocacy services to victims of crime. | |
|--|---|
| Objective | Performance Measure |
| <i>SCREENING</i> | |
| # ____ victims screened for eligibility by your agency. | # of victims screened for eligibility by your agency. |
| # ____ clients will be provided services by your agency. | # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred. # of clients provided services by your agency. |
| <i>INFORMATION & REFERRAL</i> | |
| # ____ clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process. # of times staff provided information about the criminal justice process. |
| # ____ clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc. # of times staff provided information about victim rights, how to obtain notifications, etc. |
| # ____ clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. Please list the agencies to which |

| | |
|---|--|
| | <p>you referred.</p> <p># of times staff provided referrals to other victim service providers.</p> |
| # ____ clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | <p># ____ clients provided with referrals to other services, supports, and resources.</p> <p># of times staff provided referrals to other services, supports, and resources.</p> |
| <i>PERSONAL ADVOCACY/ACCOMPANIMENT</i> | |
| # ____ clients will receive individual advocacy (e.g., assistance applying for public benefits). | <p># of clients provided individual advocacy (e.g., assistance applying for public benefits).</p> <p># of times staff provided individual advocacy (e.g., assistance applying for public benefits).</p> |
| # ____ clients will receive assistance filing for victim compensation. | <p># of clients provided assistance filing for victim compensation.</p> <p># of times staff provided assistance filing for victim compensation.</p> |
| # ____ clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | <p># of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution.</p> <p># of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution.</p> |
| # ____ clients will receive child or dependent care assistance. | <p># of clients provided with child or dependent care assistance.</p> <p># of times staff provided child or dependent care assistance.</p> |
| # ____ clients will receive transportation assistance. | <p># of clients provided with transportation assistance.</p> <p># of times staff provided transportation assistance.</p> |
| # ____ clients will receive interpreter services. | <p># of clients provided with interpreter services.</p> <p># of times staff provided interpreter services.</p> |
| # ____ clients will receive employment assistance (e.g., help creating a resume or completing a job application). | <p># of clients provided with employment assistance (e.g., help creating a resume or completing a job application).</p> <p># of times staff provided employment assistance (e.g., help creating a resume or completing a job application).</p> |

| | |
|---|---|
| # ____ clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # ____ clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| <i>EMOTIONAL SUPPORT OR SAFETY SERVICES</i> | |
| # ____ clients will receive crisis intervention. | # of clients provided with crisis intervention. # of crisis intervention sessions provided by staff. |
| <i>SHELTER/HOUSING SERVICES</i> | |
| # ____ clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| <i>CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE</i> | |
| # ____ clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | # of clients provided notification of criminal justice events. # of times staff provided notification of criminal justice events. |
| # ____ clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| # ____ clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| # ____ clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment. |

| | |
|--|--|
| # ____ clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment. |
| <i>REQUIRED TRAININGS</i> | |
| # ____ staff will receive training on trauma | # of staff trained # of trainings on trauma held |

Additional Track II Goals, Objectives, and Performance Measures

| | |
|---|---|
| <i>REQUIRED TRAININGS</i> | |
| # ____ of individuals interviewed to become a CASA volunteer. | # of individuals interviewed to become a CASA volunteer. # of individuals offered a volunteer CASA position. |
| # ____ of volunteer trainings to be held. | # of volunteer trainings held. # of volunteers trained. |
| # ____ of current CASA volunteers. | # of current CASA volunteers. |
| # ____ of cases to be reviewed and assigned to advocates. | # of cases reviewed and assigned to advocates. # of clients served by advocates. # of supervision meetings held with advocates. |

B. Funding Information

Federal fiscal year 2016 Victims of Crime Act funds awarded by the U.S. Office for Victims of Crime to ICJIA will be used to support programs accepted through this request for proposals.

Applicants may request a minimum of \$40,000 to a maximum of \$1.5 million in federal funding to support programming for a 12-month period. The term of the grant agreement will commence upon its effective date. Based on program performance and fund availability, ICJIA may recommend allocation of funding to support an additional 24 months. See *Section 6 (Funding Description)* of this Notice of Funding Opportunity for a list of allowable and unallowable costs.

Agreements that result from this funding opportunity are contingent upon and subject to the availability of funds. ICJIA, at its sole option, may terminate or suspend this agreement, in whole or in part, without penalty or further payment being required, if (1) the Illinois General Assembly or the federal funding source fails to make an appropriation sufficient to pay such obligation, or if funds needed are insufficient for any reason (30 ILCS 500/20-60), (2) the Governor decreases ICJIA's funding by reserving some or all of ICJIA appropriation(s) pursuant to power delegated to the Governor by the Illinois General Assembly, or (3) ICJIA determines, in its sole discretion or as directed by the Office of the Governor, that a reduction is necessary or advisable based upon actual or projected budgetary considerations. The implementing entity will be notified in writing of the failure of appropriation or of a reduction or decrease.

C. Eligibility Information

Agencies must be pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee Portal, <http://www.grants.illinois.gov>, to become eligible to apply for an award. During pre-qualification, Dun and Bradstreet verifications are performed, including a check of Debarred and Suspended status and good standing with the Secretary of State. The pre-qualification process also includes a financial and administrative risk assessment utilizing an Internal Controls Questionnaire (ICQ).

Applicants must have completed the GATA pre-qualification process and received approval of their ICQ from a State cognizant agency by the date of application. Applications from agencies that have not received ICQ approval will not be reviewed.

1. Eligible Applicants

Eligible applicants are municipal police departments, county sheriff's offices, county state's attorney's offices, non-profit victim service agencies, and county CASA programs.

Eligible applicants must meet the following requirements:

Public Agency and Nonprofit Organization. Operated by a public agency or nonprofit organization, or a combination of such organizations, and provide direct services to crime

victims. Nonprofit organizations must submit proof of 501(c)(3) status as determined by the Internal Revenue Service.

Record of Effective Services. Demonstrate a record of providing effective direct services to crime victims and financial support from sources other than the Crime Victims Fund. This includes having the support and approval of its services by the community and a history of providing direct services in a cost-effective manner.

New 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 sources other than the Crime Victims Fund in the year of, or the year preceding, the award.

Meet Program Match Requirements. Matching contributions of 20 percent (cash or in-kind) of the total costs of the VOCA project. Match must be committed for each VOCA-funded project and derived from sources other than federal funds.

Volunteers. Utilize volunteers unless ICJIA determines there is a compelling reason to waive this requirement.

Promote Community Efforts to Aid Crime Victims. Promote, within the community, coordinated public and private efforts to aid crime victims.

Help Crime Victims Apply for Compensation. Assist victims by identifying and notifying crime victims of the availability of compensation, referring victims to organizations that can assist them in applying, assisting victims with application forms and procedures, obtaining necessary documentation, monitoring claim status and intervening on behalf of victims with the compensation program.

Comply with Federal Rules Regulating Grants. Comply with the applicable provisions of VOCA, the VOCA Victim Assistance Program Final Rule, Office of Victims of Crime guidelines, and the requirements of the U.S. Department of Justice Grants Financial Guide and government-wide grant rules, which includes maintaining appropriate programmatic and financial records that fully disclose the amount and disposition of VOCA funds received.

Civil Rights. No person 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 VOCA-funded program or activity.

Comply with State Criteria. Abide by any additional eligibility or service criteria as established by ICJIA, including submitting statistical and programmatic information on the use and impact of VOCA funds, as requested by ICJIA.

Services to Victims of Federal Crime. Provide services to victims of federal crimes on the same basis as victims of state/local crimes.

Criminal Case. Do not discriminate against victims because they disagree with the way the state is prosecuting the criminal case.

No Charge to Victims for VOCA-Funded Services. Provide services to crime victims at no charge through the VOCA-funded program.

Confidentiality of Information. Reasonably protect the confidentiality and privacy of persons receiving services under the VOCA-funded program to the extent permitted by law, as set forth in 28 CFR 94.115.

2. Cost Sharing or Matching

A 20-percent match is required on grant funds requested in this Notice of Funding Opportunity. Match is calculated as 20 percent of **the total cost of the project** funded. Federal grant funds requested under this application may not exceed 80 percent of **the total cost of the project**.

Total Project Costs are the federal grant funds requested **plus** the required 20 percent match.

To calculate the amount of match required:

Example:

| | |
|---|-----------|
| <u>Total Project Cost:</u> | \$100,000 |
| 20 percent matching funds ($\$100,000 \times .20$): | \$ 20,000 |
| Federal funds requested ($\$100,000 \times .80$): | \$ 80,000 |

Note: Do not calculate the 20% match from the federal funds requested. **Match must be 20% of Total Project Costs.**

Federal guidelines prohibit matching funds to be used to supplant existing funds. Refer to 28 CFR 200.306 for more information on match types and match requirements.

Match can be made in both cash and/or in-kind contributions. Funds, cash, or in-kind resources used as match must be spent in support of the program's goals and objectives.

In-kind match includes volunteered professional or personal services, office materials and equipment, work space and facilities, and non-program funded victim assistance activities. Any reduction or discount provided to a sub-recipient shall be valued as the difference between what the sub-recipient paid and what the provider's nominal or fair market value is for the good or service. The value placed on volunteered services must be consistent with the rate of compensation paid for similar work in the program or the labor market. The value of donated space may not exceed the fair rental value of comparable space. The value placed on loaned or donated equipment may not exceed its fair rental or market value.

3. *Indirect Cost Rate*

In order to charge indirect costs to a grant, the applicant must have an annually negotiated indirect cost rate agreement (NICRA). The three types of NICRAs include:

- a) Federally Negotiated Rate: Applicant organizations that receive direct federal funding may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. Illinois will accept the federally negotiated rate. The organization must provide a copy of the federally NICRA.
- b) State Negotiated Rate: The organization must negotiate an indirect cost rate with the State of Illinois if they do not have Federally Negotiated Rate or elect to use the De Minimis Rate. The indirect cost rate proposal must be submitted to the State of Illinois within 90 days of the notice of award.
- c) De Minimis Rate: An organization that has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois may elect a de minimis rate of 10 percent of modified total direct cost (MTDC). Once established, the de minimis rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the de minimis rate.

Programs charging negotiated indirect cost rates to a grant must provide a copy of the Negotiated Indirect Cost Rate Agreement (NICRA) at time of application.

D. Application and Submission Information

1. *Obtaining Application Package and Application Deadline*

Applications may be obtained at <https://gata.icjia.cloud/>. To request hard copies of the application materials, please contact:

Ronnie J Reichgelt, Victim Services Program Administrator
Illinois Criminal Justice Information Authority
300 West Adams, Suite 200
Chicago, IL 60606
cja.vocagrantsunit@illinois.gov
312-793-7058

Completed application materials must be emailed to cja.vocagrantsunit@illinois.gov by **11:59 p.m., October 15, 2017**, to be considered for funding. Applicants will receive an automated confirmation that the email was received. Proposals will not be accepted by mail, fax, or in-person. Incomplete applications will not be reviewed. Late submissions will not be reviewed.

Agencies are encouraged to submit their applications 72 hours in advance of the deadline to avoid unforeseen technical difficulties. Technical difficulties should be reported immediately to ICJIA at cja.vocagrantsunit@illinois.gov

2. Notice of Intent and Required Application Submission

Notice of Intent: Agencies interested in submitting an application are required to complete an online Notice of Intent form by **11:59 p.m., October 2, 2017**. Submission of a Notice of Intent is nonbinding and will be used for internal planning purposes only. Agencies must have completed the GATA pre-qualification process and received approval of their ICQ from a State cognizant agency by the date of application. Upon receipt of a Notice of Intent, ICJIA will offer technical assistance to agencies which have not yet demonstrated GATA compliance. Failure to submit a Notice of Intent by the deadline above may result in an agency not receiving technical assistance with respect to GATA compliance, therefore risking grant ineligibility. ICJIA technical assistance is not a guarantee of GATA compliance or funding eligibility.

The online Notice of Intent is available at: <https://www.surveygizmo.com/s3/3615391/VOCA-Community-Violence-NOFO-Notice-of-Intent>

Required Documents: The following documents must be emailed as separate documents to cja.vocagrantsunit@illinois.gov by the deadline for application review. Documents that require a signature as part of submission should be downloaded, completed, printed, signed, scanned, and saved as a PDF document. All documents should be saved with the appropriate document title, for example, “*Proposal Narrative*,” and included as an attachment to the email.

| Document | PDF | Word | Excel |
|--|------------|-------------|--------------|
| Completed and signed Uniform State Grant Application for each agency requesting funding. <i>This document will need to be signed and scanned.</i> | X | | |
| Completed Program Narrative in Word that meets program requirements outlined in Section A. Applicant’s narrative must be submitted in Word and formatted in the posted Program Narrative. Application should be 35 pages maximum, drafted in Times New Roman 12-point font and double-spaced with 1 inch margins. Please number pages. | | X | |
| One completed Budget/Budget Narrative in Excel. | | | X |

3. Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM) registration

Each applicant is required to:

(i) Be registered in SAM prior to application submission. Click here for SAM registration:

<https://governmentcontractregistration.com/sam-registration.asp>

(ii) Provide a valid DUNS number.

(iii) Maintain an active SAM registration throughout the application and grant period. It also must state that the State awarding agency may not make a federal pass-through or state award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements. If an applicant has not fully complied with the requirements by the time ICJIA is ready to make a federal pass-through or state award, ICJIA may determine that the applicant is not qualified to receive an award and may use that determination as a basis for making a federal pass-through or state award to another applicant.

4. *Mandatory Applicant Technical Assistance Session*

Applicants must view a mandatory pre-recorded technical assistance session on the ICJIA website at <https://gata.icjia.cloud/>. The session will be available for viewing beginning at 1:30 p.m. on September 15, 2017. Applicants must certify viewing the recording. Information provided during the session will be unofficial and not binding on the state. [Certification of Viewing should be printed and kept on file for verification purposes.](#)

Completed application materials must be emailed to cja.vocagrantsunit@illinois.gov by **11:59 p.m., October 15, 2017**, to be considered for funding. Proposals will not be accepted by mail, fax, or in-person. Incomplete applications will not be reviewed. Late submissions will not be reviewed.

Agencies are encouraged to submit their applications 72 hours in advance of the deadline to avoid unforeseen technical difficulties. Technical difficulties should be reported immediately to ICJIA at cja.vocagrantsunit@illinois.gov.

5. *Intergovernmental Review*

Not applicable.

6. *Funding Descriptions*

Highlights of allowable costs:

To support applicants in requesting all necessary and allowable program costs we have provided a non-exhaustive list of suggested costs below:

- a. Staffing costs for direct service providers, supervision of direct service providers, and coordination of activities that facilitate the provision of direct services.
- b. Local transportation costs for service providers and for victims to receive services. Transportation to facilitate participation in criminal justice proceedings is limited to non-witness victims. Direct payments of funds to victims for transportation costs are not allowed.
- c. Staff training costs of direct service providers including required training under this

- funding opportunity as well as additional training that would assist staff in serving victims.
- d. Training of direct-service volunteers when such direct services will be primarily done by volunteers.
 - e. Reasonable and necessary technology costs for staff.

Unallowable costs and supplanting

The following is a non-exhaustive list of services, activities and costs that cannot be supported with VOCA Victim Assistance Formula Grant Program funding:

- a. Audits (agencies receiving less than \$750,000 in cumulative federal funds)
- b. Capital expenses; property losses and expenses, real estate purchases, mortgage payments, construction, and most capital improvements
- c. Compensation for victims of crime
- d. Crime prevention
- e. Most food and beverage costs
- f. Fundraising activities
- g. Lobbying and advocacy with respect to legislation, regulations or administrative policy
- h. Most medical care costs
- i. Tort or criminal defense services
- j. Active investigation and prosecution of criminal activities, and witness activities
- k. Research and studies, except for project evaluations
- l. Salaries and expenses for management, unless expressly allowed in the VOCA Final Rule

Supplanting

Supplanting is to deliberately reduce state or local funds because of the existence of federal funds.

Federal funds must be used to supplement existing state and local funds for program activities and must not replace those funds that have been appropriated for the same purpose. Supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit. If there is a potential presence of supplanting, the applicant or grantee will be required to supply documentation demonstrating that the reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds. For certain programs, a written certification may be requested by the awarding agency or recipient agency stating that federal funds will not be used to supplant state or local funds.

If funds will be used for the expansion of an already implemented program, applicants must explain how proposed activities will supplement—not supplant—current program activities and staff positions.

See the DOJ Grants Financial Guide (Part II, Chapter 3) at:
http://ojp.gov/financialguide/DOJ/pdfs/2015_DOJ_FinancialGuide.pdf

Pre-award costs

No costs incurred before the start date of the interagency agreement may be charged to a grant award received as part of this funding opportunity.

Pre-approvals

In compliance with federal guidance, ICJIA:

- (1) Encourages minimization of conference, meeting, and training costs.
- (2) Requires prior written approval of conference, meeting, and training costs for grant recipients. These prior approvals may affect project timelines.
- (3) Sets cost limits, including a general prohibition of all food and beverage costs.

E. Application Review Information

1. *Criteria.*

Application selection will be made using the following criteria.

| Proposal Quality | Score Range |
|---|-------------|
| Excellent: In addition to providing complete responses for all questions, the responses were clear and detailed. The program plan is thoughtfully designed taking into account best practices and victim needs. Application includes all mandatory elements as outlined in the Program Design section, pages 14-16. | 90-100 |
| Very Good: Application provides complete responses and includes all mandatory elements, but a limited amount of clarification or modification is necessary to recommend the application for funding. | 80-89 |
| Good: Application provided complete responses to the majority of the questions while several responses lack clarity and detail. Application lacks some mandatory elements. | 70-79 |

| | |
|--|-------|
| Fair: The application responses consistently lacked completeness. Application lacks some mandatory elements. | 60-69 |
| Poor: The application responses consistently lacked completeness and demonstrates a poor understanding of the issues. Application lacks some mandatory elements. | 0-59 |

The following outlines the point breakdown for each major section of the proposal narrative and budget documents. The description included reflects a proposal that falls into the excellent category described above.

Statement of Problem (5 points). Section demonstrates a clear understanding of the need and justification for the program. The community characteristics include local and county level data and the chart is complete. There are at least two examples of the community's strengths and challenge and each example is tied to the problem.

Project Description (15 points). The response provides a brief describes the entire agency including all agency units and staffing, other victim service activities in addition to the VOCA funded program proposed and how services will be coordinated.

Agency Capacity and Experience (20 points). Application provides a clear history of the applicant's victim service delivery, including quantitative and qualitative descriptions. The applicant describes their fiscal capacity including other funding sources and included both quantitative and qualitative descriptions. The applicant's plan for program sustainability includes specific activities that address sustainability.

Direct Services (20). The response clearly addresses all aspects of the Program Design outlined on pages 10-13 of this Notice of Funding Opportunity. The response describes the agency's experience providing each of the proposed service(s). If the agency does not have experience, the response explains how capacity to provide each of the services will be built. The explanation should include at least one capacity building example, and demonstrate a strong understanding of the service(s) being proposed.

The response explains and projects the number of clients to be served during the grant period. The response describes known barriers to accessing victim services and how applicant agency will address these, how the program will incorporate trauma-informed care, and any collaborative partners, including history and each partner's role in program. The response describes how services are provided to victims independent of their participation in the criminal justice process and how services will be continued after victims' involvement with the criminal justice system has ended.

Staffing (18 points). This section includes a clear staffing plan that matches the program design and includes at minimum position titles, reporting structure, roles and responsibilities, reporting and supervision structure, time budgeted, and funding source. Use of volunteers is

explained and if volunteers are not used, the reason is fully explained. The response describes how cases are coordinated and supervised within the agency. Complete FTE chart and job descriptions and training required for each funded position are included, as well as the Implementation Schedule. Applicants address all program requirements outlined.

Goals/Objectives/Performance Indicators (2 points). Applicants clearly document all process and outcome objectives and indicate a measurable indicator of success for each objective. These measurables should include ambitious yet realistic numbers for each objective based on the proposed program.

Adequacy of Cost Estimates (20 points total). 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. The Budget Narrative includes all budgeted items listed in the Budget line by line, with all costs accurately calculated and explained.

2. Review and Selection Process

Proposals will be reviewed by a panel of ICJIA staff, as well as key stakeholders with expertise in this victim service area. Proposals will be reviewed by agency type and geographic regions. These geographic regions are detailed on page 27 of this solicitation, and include:

- Cook and Collar region.
- Central region.
- Northern region.
- Southern region.

Proposal selection will be made using the previously described scoring criteria. If possible, ICJIA will fund the highest scoring applicant in each geographic region before funding successive applicants.

After applicants are selected from each region, applicants will be selected based on overall scoring, with secondary consideration given to geographic diversity and proposed program design. Applicants with equivalent scores will be selected based on scores in the proposed program design category.

ICJIA reserves the right to reject any or all incomplete proposals, proposals including unallowable activities, proposals that fail to meet eligibility or program requirements, or proposals that are otherwise deemed to be unsatisfactory. ICJIA also reserves the right to invite one or more applicants to provide necessary clarifications prior to scoring, and to invite successful applicants to submit amended proposals and modify budgets that include unallowable or unreasonable costs.

Review team recommendations will be forwarded to ICJIA's Budget Committee for preliminary approval and applicants will be notified of the Committee's decision. A panel of ICJIA staff will

conduct a final review of applications for cost allowability. Successful applicants whose applications contained unallowable or unreasonable costs will have their award reduced by the total amount of all unallowable or unreasonable costs. Upon acceptance of the grant award, announcement of the grant award shall be published by the awarding agency to <https://www.illinois.gov/sites/GATA/Pages/default.aspx>.

3. Debriefing Process

Unsuccessful applicants may request a debriefing. A debriefing is written feedback that can assist applicants in developing improved applications for future funding. A debriefing may include strengths and weaknesses of an application in terms of the evaluation and review criteria. Debriefings are not a part of the Appeals Process.

Requests for debriefings must be made in writing and submitted within seven (7) calendar days after receipt of a Funding Opportunity Declination Letter from ICJIA. Debriefing requests will not be granted if there is an active appeal, administrative action, or court proceeding. The written debriefing request shall include at a minimum the following:

- a. The name and address of the requesting party.
- b. Identification of grant program.
- c. Reasons for the debrief request.

Please email debriefing requests to:
Ronnie J Reichgelt,
Victim Services Programs Administrator
Illinois Criminal Justice Information Authority
cja.vocagrantsunit@illinois.gov

4. Appeals Process

Unsuccessful applicants may request a formal appeal. Only the evaluation process is subject to appeal. Evaluation scores and funding determinations may not be contested and will not be considered by the ICJIA's Appeals Review Officer (ARO). The appeal must be in writing and submitted within fourteen (14) calendar days after either the date the grant award notice is published or receipt of a Funding Opportunity Declination Letter from ICJIA, whichever comes first. The written appeal must include at a minimum the following:

- a. Statement indicating a request for a formal appeal.
- b. The name and address of the appealing party.
- c. Identification of the grant program.
- d. A statement of reason for the appeal.

Please email your appeal to:
Appeals Review Officer
Illinois Criminal Justice Information Authority
CJA.ARO@Illinois.gov

ICJIA will acknowledge appeal within 14 calendar days from the date the appeal was received. ICJIA will respond to the appeal in writing within 60 days or supply a written explanation as to why additional time is required. The appealing party must supply any additional information requested by ICJIA within the time period set in the request. ICJIA will resolve the appeal by means of written determination. The determination will include:

- a. Review of the appeal.
- b. Appeal determination.
- c. Rationale for the determination.
- d. Standard description of the appeal review process and criteria.

5. Anticipated Announcement and State Award Dates.

| <u>Milestones</u> | <u>Target Date</u> |
|---------------------------------------|--------------------|
| Release of NOFO and open application | August 30, 2017 |
| Posting of pre-application webinar | September 15, 2017 |
| Notice of Intent due | October 2, 2017 |
| Last date for submission of questions | October 12, 2017 |
| Application Closes | October 15, 2017 |
| Authority Budget Committee Meeting | November, 2017 |
| Start Program Performance Period | January 1, 2018 |

F. Award Administration Information

1. ***State Award Notices.*** ICJIA will send a Notice of State Award to grantees along with the grant agreement once the ICJIA Budget Committee reviews and approves designations in November 2017. No costs incurred before the start date of the agreement may be charged to the grant.
2. ***Administrative and National Policy Requirements.*** In addition to implementing the funded project consistent with the agency-approved project proposal and budget, the grantees selected for funding must comply with state and federal grant terms and conditions and other legal requirements, which will be described in the award, incorporated into the award by reference, or are otherwise applicable to the award. Additional programmatic and administrative special conditions may be required.
3. ***Reporting.*** Grantees must submit quarterly financial and progress reports and final financial and progress reports. Federal reporting requirements state that funding agencies must report all mandatory information to the federal agency (U.S. Department of Justice) no later than 30 days after the end of the designated quarter. To do so, ICJIA will require all programs funded to report electronically at minimum on a quarterly basis and no later than 15 days after the end of each reporting period. Mandatory fiscal and progress reports will be distributed to each grantee for submission. Failure to comply with mandatory reporting requirements will cause immediate suspension of funding of this grant, any

other grant that applicant has with ICJIA, and possible termination of the grant. If applicable, an annual audit report in accordance with the Part 200 Uniform Requirements must be submitted. Future awards and fund drawdowns may be withheld if reports are delinquent.

G. State Awarding Agency Contact(s)

For questions and technical assistance regarding submission of an application, contact:

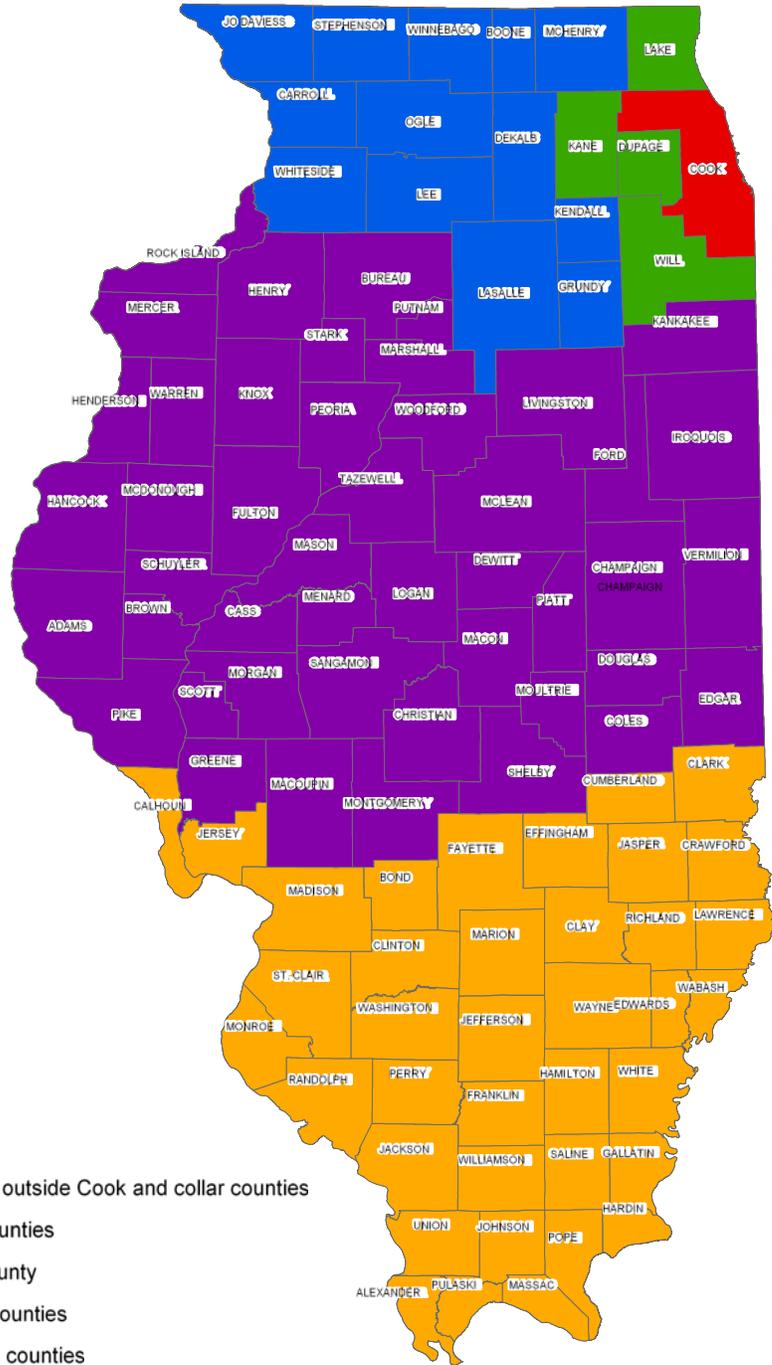
Ronnie J Reichgelt
Victim Services Programs Administrator
cja.vocagrantsunit@illinois.gov
312-793-8550

The deadline to submit questions is 11:59 p.m., October 12, 2017.

H. Other Information

Neither the State of Illinois nor ICJIA are obligated to make any award as a result of this announcement. ICJIA's Executive Director has sole authority to bind the state government to the expenditure of funds through the execution of interagency grant agreements.

ILLINOIS REGIONS



Legend

Region

- Northern outside Cook and collar counties
- Collar counties
- Cook County
- Central counties
- Southern counties

Regions represent the divisions of the U.S. District Courts of Illinois. Cook and Collar county regions are subsets of the Northern U.S. Courts of Illinois.

Regional Classifications of Counties

| <u>Northern outside Cook and collar counties</u> | <u>Central counties</u> | | <u>Southern counties</u> |
|--|-------------------------|------------------|------------------------------|
| <u>Boone</u> | <u>Adams</u> | <u>Schuyler</u> | <u>Alexander</u> |
| <u>Carroll</u> | <u>Brown</u> | <u>Scott</u> | <u>Bond</u> |
| <u>DeKalb</u> | <u>Bureau</u> | <u>Shelby</u> | <u>Calhoun</u> |
| <u>Grundy</u> | <u>Cass</u> | <u>Stark</u> | <u>Clark</u> |
| <u>Jo Daviess</u> | <u>Champaign</u> | <u>Tazewell</u> | <u>Clay</u> |
| <u>Kendall</u> | <u>Christian</u> | <u>Vermilion</u> | <u>Clinton</u> |
| <u>LaSalle</u> | <u>Coles</u> | <u>Warren</u> | <u>Crawford</u> |
| <u>Lee</u> | <u>DeWitt</u> | <u>Woodford</u> | <u>Cumberland</u> |
| <u>Ogle</u> | <u>Douglas</u> | | <u>Edwards</u> |
| <u>Stephenson</u> | <u>Edgar</u> | | <u>Effingham</u> |
| <u>Whiteside</u> | <u>Ford</u> | | <u>Fayette</u> |
| <u>Winnebago</u> | <u>Fulton</u> | | <u>Franklin</u> |
| <u>McHenry</u> | <u>Greene</u> | | <u>Gallatin</u> |
| | <u>Hancock</u> | | <u>Hamilton</u> |
| | <u>Henderson</u> | | <u>Hardin</u> |
| <u>Cook County</u> | <u>Henry</u> | | <u>Jackson</u> |
| | <u>Iroquois</u> | | <u>Jasper</u> |
| <u>Collar counties</u> | <u>Kankakee</u> | | <u>Jefferson</u> |
| <u>DuPage</u> | <u>Knox</u> | | <u>Jersey</u> |
| <u>Kane</u> | <u>Livingston</u> | | <u>Johnson</u> |
| <u>Lake</u> | <u>Logan</u> | | <u>Lawrence</u> |
| <u>Will</u> | <u>McDonough</u> | | <u>Madison</u> |
| | <u>McLean</u> | | <u>Marion</u> |
| | <u>Macon</u> | | <u>Massac</u> |
| | <u>Macoupin</u> | | <u>Monroe</u> |
| | <u>Marshall</u> | | <u>Perry</u> |
| | <u>Mason</u> | | <u>Pope</u> |
| | <u>Menard</u> | | <u>Pulaski</u> |
| | <u>Mercer</u> | | <u>Randolph</u> |
| | <u>Montgomery</u> | | <u>Richland</u> |
| | <u>Morgan</u> | | <u>St. Clair</u> |
| | <u>Moultrie</u> | | <u>Saline</u> |
| | <u>Peoria</u> | | <u>Union</u> |
| | <u>Piatt</u> | | <u>Wabash</u> |
| | <u>Pike</u> | | <u>Washington</u> |

| | | | |
|--|--------------------|--|-------------------|
| | <u>Putnam</u> | | <u>Wayne</u> |
| | <u>Rock Island</u> | | <u>White</u> |
| | <u>Sangamon</u> | | <u>Williamson</u> |

ATTACHMENT 1

TRAUMA AND TRAUMA-INFORMED CARE

Approximately 60 percent of men and 51 percent of women living in the United States have experienced a traumatic event in their lifetime.¹ While much debate exists about what qualifies as a traumatic event, at minimum, traumatic events are those that cause significant distress or harm, whether physical, emotional, or psychological, for individuals.² These experiences can have a severe impact on well-being by impairing people's daily functioning and emotional health, contributing to higher rates of hospitalization, suicide attempts, substance abuse,³ and emotional responses, such as anger.⁴

Recent work has focused on a model of trauma-informed care and practices. A trauma-informed approach acknowledges the radiating impact of trauma, recognizes that people's actions and symptoms may be a result of traumatic experiences, and creates policies that are sensitive to such actions and symptoms.

Key components of trauma-informed care are:

1. Recognizing the impact of trauma on multiple areas of life and different paths to recovery.
2. Being aware of the signs and symptoms of trauma.
3. Structuring policies and practices that account for and are sensitive to people's potential trauma histories.
4. Seeking to prevent re-traumatization.⁵

Key principles of trauma-informed care further build on the key components by emphasizing principles that create a trauma-informed setting. They include:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical, and gender issues⁶

Taken together, these practices work to honor a survivor's history of trauma and the different pathways that survivors may find toward healing and recovery.

¹ Davidson, J. R. T. (2000). Trauma: the impact of post-traumatic stress disorder. *Journal of Psychopharmacology*, *14*, S5-S12.

² Norris, F. H. (1992). Epidemiology of trauma: frequency and impact of different potentially traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology*, *60*, 409-418.

³ See Davidson, 2000.

⁴ Riggs, D. S., Dancu, C. V., Gershuny, B. S., Greenberg, D., & Foa, E. B. (1992). Anger and post-traumatic stress disorder in female crime victims. *Journal of Traumatic Stress Disorders*, *5*, 613-625.

⁵ Substance Abuse and Mental Health Services Administration. (2015). *Trauma-informed approach and trauma-specific interventions*. National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint.

⁶ See SAMSHA, 2015.

VOCA Law Enforcement, Prosecution, CASA Victim Assistance Reviewer Score Sheet

Directions:

- Only fully completed and typed review sheets will be accepted
- Score each criteria based on the scoring rubric and reviewer training received.
- The maximum points available for each criteria are listed. Maximum points should be given to responses that are completely responsive, clear and detailed. Reviewers should deduct points in relation to the degree of incompleteness and/or vague responses.
- Within each criteria, questions have been assigned a value to ensure reviewer objectivity and consistency.
- Under the Strengths and Weaknesses please bullet point several issues and/or reasons you want to highlight concerning that section. These will be used in the program review by staff and for applicants.
- The comments section is a place for the reviewer to note any strengths, weaknesses of the application or any questions the reviewer wants to communicate to the program manager/grant monitor. Please note these comments will be made available to the public if requested.
- Only score whole numbers
- Please double check your point assignment and do not change formulas.
- Only applications with a minimum average score of 70 will be considered for funding.

Reviewer Name:

Date:

Applicant:

| Criteria: Statement of Problem | Points Available | Points Given |
|--|------------------|--------------|
| The applicant demonstrates a <u>clear understanding of the need</u> for the program and <u>provides a clear justification</u> that the program is needed and includes corrolating data. | 3 | |
| The applicant <u>clearly describes</u> strengths and challenges of the community to be served. Applicant included at least <u>two strengths</u> and <u>two challenges</u> which are clear and detailed and <u>related them to the problem</u> described in 1A. | 2 | |
| Strengths: | | |
| Weeknesses: | | |
| Comments: | | |
| Maximum 5 points | 5 | 0 |
| Criteria: Project Description | Points | Points |
| The applicant clearly describes the entire organization including various units and staffing. | 5 | |
| The applicant clearly describes other victims services provided and coordination of services with VOCA funded victim services. | 8 | |
| Current victim service staffing chart is completed and area served is explained. | 2 | |

| | | |
|---|---------------|---------------|
| Strengths: | | |
| Weaknesses: | | |
| Comments: | | |
| Maximum 15 points | 15 | 0 |
| Criteria: Agency Capacity and Experience | Points | Points |
| The applicant provides a <u>clear and detailed history</u> of the applicant's <u>victim service delivery</u> , including <u>quantitative</u> and <u>qualitative</u> descriptions. For new programs applicant clearly explains whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund. | 5 | |
| If applicant has <u>no history</u> of providing services for this specific focus area as described in application the answer must include description of how they plan on building the capacity to provide the services appropriate to the application. The explanation should include at least one capacity-building example and demonstrate a strong understanding for such services. | 4 | |
| The applicant provided <u>clear and detailed description</u> of their <u>fiscal experience</u> and <u>capacity</u> to manage grants, including all non-state funding sources that support victim service programming. The applicant provided <u>quantitative (size of budget)</u> and <u>qualitative (process and procedure; summary of previous management)</u> descriptions. | 5 | |
| The applicant explained if funds applied for will be used for an existing program, and if yes, explained how the proposed activities in this application will supplement, not supplant, the current program activities and staff positions. Answer should detail how existing program is currently funded with VOCA funds. | 4 | |
| The applicant <u>clearly describes</u> how the applicant agency will sustain the legal assistance program at the end of the three-year funding period. Response includes <u>specific activities that address sustainability</u> | 2 | |
| Strengths: | | |
| Weaknesses: | | |
| Comments: | | |
| Maximum 20 points | 20 | 0 |
| Criteria: Direct Services | Points | Points |
| The applicant provided a <u>detailed explanation</u> of how the program will function, including; how victims will be screened for eligibility, how referrals will be made for services, how services will be available for all victims of crime, the coordination of services with other victim service within the agency, and if a law enforcement agency or state's attorney's office, the location of victim service staff. | 6 | |
| The application included a projection of the number of clients to be served during grant period and provided justification for the projected number. | 2 | |
| The applicant described barriers to victims accessing services and gave a detailed explanation of how agency would address barriers to services. | 2 | |

| | | |
|---|---------------|---------------|
| The applicant provided a thorough explanation of how the program will incorporate trauma-informed care to clients served. | 2 | |
| The applicant provided a detailed explanation of how continuation of services will be made available to clients who either do not wish to peruse through the criminal justice system or whose case has been closed. | 4 | |
| The applicant described collaborative partnerships including history of collaboration and explanation of partnership roles in program. | 2 | |
| The applicant explained how clients are notified about the VOCA Victims Compensation program. | 2 | |
| Strengths: | | |
| Weaknesses: | | |
| Comments: | | |
| Maximum 20 points | 20 | 0 |
| Criteria: Staffing | Points | Points |
| The applicant lists and clearly describes all staff positions assigned to the proposed program. The response includes at minimum: name of position; roles and responsibilities; reporting and supervision structure; time budgeted, and funding source. | 5 | |
| The applicant clearly described primary qualifications of program-funded staff, including; education, language skills, certifications etc. | 2 | |
| The applicant <u>clearly</u> describes how cases are coordinated <u>and supervised</u> within the agency. Response is detailed. | 4 | |
| The applicant <u>clearly</u> describes how the proposed program will include <u>staff trauma skills training and consultation</u> to improve trauma informed response to clients and includes a plan to hold at least one training. | 3 | |
| The applicant identified other training needs for staff and how these trainings will be addressed | 2 | |
| The applicant describes how the agency utilizes volunteers including how many volunteers are used in the agency as a whole. | 2 | |
| The applicant completed the FTE chart | 2 | |
| Strengths: | | |
| Weaknesses: | | |
| Comments: | | |
| Maximum 18 points | 18 | 0 |
| Criteria: Goals and Objectives | Points | Points |
| Applicants should clearly document all process and outcome objectives and indicate a measurable indicator of success for each objective. These measurables should include <u>ambitious</u> , yet <u>realistic numbers</u> for each objective based on the proposed program. | 2 | |
| Strengths: | | |
| Weaknesses: | | |
| Comments: | | |
| Maximum 2 points | 2 | 0 |

| Criteria: Budget | Points | Points |
|---|--------|--------|
| The applicant's proposed budget is realistic, and have been allocated in a <u>cost-efficient yet effective</u> manner. Each line items must be <u>reasonable</u> and <u>necessary</u> to the operation of the program. | 3 | |
| The applicant's budget included the following required costs: o <u>Staffing</u> | 3 | |
| The applicant's budget line items <u>total correctly</u> . All budgeted line items are <u>consistent with expenses in the program narrative</u> Use right <u>per diem, lodging and mileage rates</u> | 4 | |
| Maximum 10 points | 10 | 0 |
| Criteria: Budget Narrative | Points | Points |
| The applicant's budget narrative addresses <u>all budgeted items listed in the budget, line by line</u> . | 4 | |
| <u>Each line estimate is consistent with program narrative.</u> <u>Included calculations and how those are based on</u> | 3 | |
| If only a portion of the costs are allocated to the grant program, the applicant <u>adequately described how the prorated share was determined.</u> | 3 | |
| Strengths: | | |
| Weaknesses: | | |
| Maximum 10 points | 10 | 0 |
| Total Points Maximum 100 Points | 100 | 0 |

Notice of Funding Opportunity Recorded Informational Presentation

Victims of Crime Act (VOCA)
Law Enforcement, Prosecution, and County
CASA Victim Assistance Program

3/7/2018 | Illinois Criminal Justice Information Authority | 1

The purpose of this Notice of Funding Opportunity (NOFO) is to fund direct services for general victims of crime who may be seeking services through the criminal justice system.

3/7/2018 | Illinois Criminal Justice Information Authority | 2



This is a pre-recorded webinar and there won't be an opportunity to ask questions. Please ask questions via this email: cja.vocagrantsunit@illinois.gov until October 12, 2017.

Substantive Questions and Answers will be posted on our website.

Please check the FAQs regularly.



ICJIA Ad Hoc Victim Services Committee Research Report

<http://www.icjia.state.il.us/articles/ad-hoc-victim-services-committee-research-report>

ICJIA 

During ICJIA's research to inform the victim service funding priorities, participants consistently stated that early points of contact are critical to educating, referring, and engaging victims in services, and the need for criminal justice education and for advocacy services were identified across nearly every crime type examined (e.g., victims of child abuse, community violence, human trafficking, sexual assault, survivors of homicide).

3/7/2018 | Illinois Criminal Justice Information Authority | 5

ICJIA 

Research suggests that few victims of serious violent crimes, such as rape, aggravated assault, and robbery, ever receive services from a victim service provider (approximately 9%). Placing advocates at earlier points of contact may increase service awareness and utilization for victims of crime.

3/7/2018 | Illinois Criminal Justice Information Authority | 6

The purpose of this Notice of Funding Opportunity is to fund direct services for victims of crime through municipal police departments, county sheriff's agencies, county state's attorney's offices, and county CASA programs.

3/7/2018 | Illinois Criminal Justice Information Authority | 7

A crime victim is a person who has suffered physical, sexual, financial, or emotional harm as a result of the commission of a crime.

3/7/2018 | Illinois Criminal Justice Information Authority | 8



Direct services for crime victims include services described in 42 U.S.C. 10603(d)(2) and efforts that:

- (1) Respond to the emotional, psychological, or physical needs of crime victims.
- (2) Assist victims to stabilize their lives after victimization.



- (3) Assist victims to understand and participate in the criminal justice system.
- (4) Restore a measure of security and safety for the victim.

Basic Information

- Grant award range is \$40,000-\$1,500,000
- Required Notice of Intent Due: October 2, 2017
- Application Due: October 15, 2017
- Anticipated Grant Period: January 1, 2018-December 31, 2018

3/7/2018 | Illinois Criminal Justice Information Authority | 11

- Grant awards must be spent over a period of 12 months.
- Additional funding to extend the grant period will depend on both the availability of funds and project performance during the first 12 months.

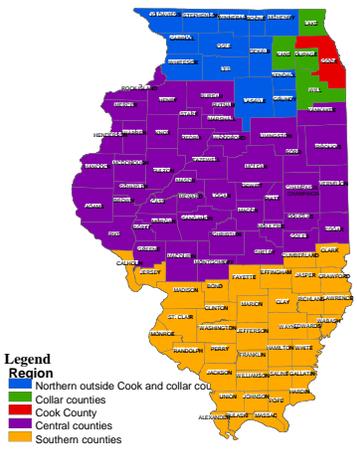
3/7/2018 | Illinois Criminal Justice Information Authority | 12

ICJIA



Geographic Regions

- Northern counties outside of Cook and collar counties
- Collar Counties
- Cook County
- Central Counties
- Southern Counties



Legend
 Region
 Northern outside Cook and collar counties
 Collar counties
 Cook County
 Central counties
 Southern counties

3/7/2018 | Illinois Criminal Justice Information Authority | 13

ICJIA



Program Requirements

Applicants must apply for funding to support either

A Law Enforcement/Prosecution-Based Victim Assistance Program (Track 1) or

A Court Appointed Special Advocacy (CASA) Program (Track 2).

3/7/2018 | Illinois Criminal Justice Information Authority | 14



Program Requirements

Eligible agencies will be allowed to apply for funding for staffing, staff training, supervision of direct services, and office equipment to create or expand existing victim service programs.

3/7/2018 | Illinois Criminal Justice Information Authority | 15



Program Requirements

All activities supported with this award must fall outside of the normal scope of any active investigation or prosecution of criminal activities; grant funds cannot be used to facilitate participation of witnesses in criminal justice proceedings.

3/7/2018 | Illinois Criminal Justice Information Authority | 16



Program Requirements

Victim eligibility for services cannot be contingent upon participation in the criminal justice process. Services also must be made available after a victim's involvement with the criminal justice system has ended, by either the applicant agency or referral to a victim service provider.



Track 1: Law Enforcement/Prosecution-Based Victim Assistance Program

The Law Enforcement/Prosecution-Based Victim Assistance Program will fund advocate position(s) to provide direct services to victims at law enforcement agencies or state's attorney's offices. Services funded under this funding opportunity must be located within the offices of the law enforcement agency or state's attorney.



Law Enforcement/Prosecution-Based Victim Assistance Cont.

Victim services must be available to all crime victims and not only a specific victim group (e.g. victims of domestic violence). While agencies may provide specialized advocates that have expertise in services for a particular victim group, agencies must make services available to victims of other crime types through the proposed program.



Required Activities

Advocates are required to provide crisis intervention and case management:

Crisis Intervention: Refers to victim de-escalation, emotional support, and guidance provided by advocates. May occur at the scene of a crime, immediately after a crime, or be provided on an ongoing basis.

ICJIA 

Case Management: Refers to assisting victim(s) in identifying and achieving their needs and goals, and includes at a minimum:

- a) Assessment and development of a service plan to facilitate a client's progress.
- b) Information and referral to needed services.

3/7/2018 | Illinois Criminal Justice Information Authority | 21

ICJIA 

- c) Advocacy that includes one or more of the following:

Assisting victims in securing rights and services from other agencies, writing a victim impact statement, completing victim compensation paperwork, or obtaining criminal or civil protection orders; accompanying victims to the hospital, and other activities.

3/7/2018 | Illinois Criminal Justice Information Authority | 22

ICJIA 

d) Ongoing emotional support.

3/7/2018 | Illinois Criminal Justice Information Authority | 23

ICJIA 

**Track 2: Court Appointed
Special Advocacy Program**

The Court Appointed Special Advocate (CASA)
Program will fund CASA volunteer coordinator
position(s) to facilitate the provision of direct services
to child victims.

3/7/2018 | Illinois Criminal Justice Information Authority | 24

ICJIA 

Court Appointed Special Advocacy Program Cont
Required Activities

Volunteer Coordinators are required to provide:

1. **Training and Supervision:** Refers to the training and supervision of volunteer advocates who provide direct services to child victims of physical and sexual abuse, criminal neglect, and abandonment. Coordination must include at a minimum:

3/7/2018 | Illinois Criminal Justice Information Authority | 25

ICJIA 

Volunteer Coordinators are required to provide:

a) **T** Training of volunteer advocates.
b) **R** Reviewing and assigning cases to volunteers.
c) **A** Assisting volunteers in case management and review.
d) **P** Providing consultation on cases as needed.
e) **E** Evaluating and maintaining volunteer workloads.

3/7/2018 | Illinois Criminal Justice Information Authority | 26




Memorandum of Understanding

Victim service agencies may apply to provide services within a law enforcement agency or state's attorney's office but must submit a draft Memorandum of Understanding (MOU) between the applicant agency and the law enforcement agency or state's attorney's office that details agency collaboration, proposed services, program location, and designated liaisons in both agencies who will coordinate the implementation of the program and ensure program objectives are met. An executed MOU must be submitted to ICJIA for review prior to the execution of the grant agreement. Additionally, while not required, victim service agencies may include a funded coordinator position in their applications to assist in the management and administration of services in conjunction with the public entity liaison.

3/7/2018 | Illinois Criminal Justice Information Authority | 27




Eligibility

Public Agency and Nonprofit Organization. Are operated by a public agency or nonprofit organization, or a combination of such organizations, and provides direct services to crime victims. Nonprofit organizations must submit proof of 501(c)(3) status as determined by the Internal Revenue Service

3/7/2018 | Illinois Criminal Justice Information Authority | 28




Eligibility Cont.

Record of Effective Services. Demonstrate a record of providing effective direct services to crime victims and financial support from sources other than the Crime Victims Fund.

New 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 sources other than the Crime Victims Fund.

3/7/2018 | Illinois Criminal Justice Information Authority | 29




Eligibility Cont.

Volunteers. Utilize volunteers unless ICJIA determines there is a compelling reason to waive this requirement.

Promote Community Efforts to Aid Crime Victims. Promote, within the community, coordinated public and private efforts to aid crime victims.

Help Crime Victims Apply for Compensation. Assist victims by identifying and notifying crime victims of the availability of compensation, referring victims to organizations that can assist them in applying, assisting victims with application forms and procedures, obtaining necessary documentation, monitoring claim status and intervening on behalf of victims with the compensation program.

3/7/2018 | Illinois Criminal Justice Information Authority | 30




Eligibility Cont.

Meet Program Match Requirements. Matching contributions of 20 percent (cash or in-kind) of the total costs of the VOCA project. Match must be committed for each VOCA-funded project and derived from sources other than federal funds.

3/7/2018 | Illinois Criminal Justice Information Authority | 31




Cost Sharing or Matching

A 20-percent match is required for grant funds requested in this Notice of Funding Opportunity. Match is calculated as 20 percent of **the total cost of the project** funded. Federal grant funds requested under this application may not exceed 80 percent of **the total cost of the project**.

Total Project Costs are the federal grant funds requested **plus** the required 20 percent match.

3/7/2018 | Illinois Criminal Justice Information Authority | 32

ICJIA 

Cost Sharing or Matching Cont.

To calculate the amount of match required:

Example:

| | |
|---|-----------|
| <u>Total Project Cost:</u> | \$100,000 |
| 20 percent matching funds ($\$100,000 \times .20$): | \$ 20,000 |
| Federal funds requested ($\$100,000 \times .80$): | \$ 80,000 |

3/7/2018 | Illinois Criminal Justice Information Authority | 33

ICJIA 

Staffing and Training Requirements

The applicant's completed program narrative should be reflective of the program requirements outlined below. The applicant is responsible for including related costs in the budget and budget narrative should funds be needed to accomplish these requirements.

- **Direct Service Staff**
- **Trauma awareness**
- **Training**

3/7/2018 | Illinois Criminal Justice Information Authority | 34



Program narrative

- Documents the need for the program.
- Describes project.
- Demonstrates agency capacity and experience.
- Describes how proposed direct services will be implemented.
- Describes staffing.

3/7/2018 | Illinois Criminal Justice Information Authority | 35



Implementation Schedule

- Details each of the steps necessary to build and implement the program.
- Details who will be responsible for submitting required fiscal and data reporting.

3/7/2018 | Illinois Criminal Justice Information Authority | 36

Budget Suggestions

Allowable costs include but are not limited to:

- Staffing Costs, supervision of direct service providers and coordination of activities to facilitate provision of direct services
- Local transportation costs for service providers and victims to receive services. Direct payments of funds to victims for transportation costs are not allowed. Transportation to facilitate participation in criminal justice proceedings is limited to non-witness victims.
- Staff training costs of direct service providers which includes required training under this NOFO as well as additional training that would assist staff in serving victims.

3/7/2018 | Illinois Criminal Justice Information Authority | 37

Budget Suggestions Cont.

- Training of direct-service volunteers when such direct services will be primarily done by volunteers.
- Administrative costs including reasonable and necessary technology costs for staff.

3/7/2018 | Illinois Criminal Justice Information Authority | 38

ICJIA

Application documents

| Document | PDF | Word | Excel |
|--|-----|------|-------|
| Completed and signed Uniform State Grant Application for each agency requesting funding. <i>This document will need to be signed and scanned.</i> | X | | |
| Completed Program Narrative in Word that meets program requirements outlined in Section A. Applicant’s narrative must be submitted in Word and formatted in the posted Program Narrative. Application should be 35 pages maximum, drafted in Times New Roman 12-point font and double-spaced with 1 inch margins. Please number pages. | | X | |
| One completed Budget/Budget Narrative in Excel. | | | X |

3/7/2018 | Illinois Criminal Justice Information Authority | 39

ICJIA

Substantive Questions and Answers

Substantive questions and answers are posted weekly at:

<https://gata.icjia.cloud/>

3/7/2018 | Illinois Criminal Justice Information Authority | 40

Due Date

Sunday October 15, 2017
11:59 p.m.

3/7/2018 | Illinois Criminal Justice Information Authority | 41

**Only emailed submissions will be
accepted**

cja.vocagrantsunit@illinois.gov

3/7/2018 | Illinois Criminal Justice Information Authority | 42



Report technical issues

cja.vocagrantsunit@illinois.gov

3/7/2018 | Illinois Criminal Justice Information Authority | 43



Application Scoring

- Proposals will be reviewed by a panel of ICJIA staff, as well as key stakeholders with expertise in these victim service areas.
- Proposals will be reviewed by geographic regions.
- If possible, ICJIA will fund the highest-scoring applicant in each of the geographic areas before funding successive applicants.

3/7/2018 | Illinois Criminal Justice Information Authority | 44

ICJIA 

Important Dates

| <u>Milestones</u> | <u>Target Date</u> |
|--|---|
| Release of NOFO and open application | August 30, 2017 |
| Notice of Intent due | October 2, 2017 |
| Last date for submission of questions | October 12, 2017 |
| <u>Application Closes</u> | <u>11:59 p.m. October 15, 2017</u> |
| Anticipated Program Performance Start Date | January 1, 2018 |

3/7/2018 | Illinois Criminal Justice Information Authority | 45

GATU Grant Application Merit Based Review Illinois Uniform Policy

Merit-Based Review for competitive grants in Illinois including fully or partially funded Federal, Federal-Pass Through and State funded grants shall comply with GATA Legislation 30 ILCS 708 and 2 CFR 200 Uniform Requirements. Grants funded solely by private funds are not subject to GATA legislation and 2 CFR 200 requirements.

Merit Based Review, 2 CFR 200.204. For competitive grants unless prohibited by Federal statute, the Federal awarding agency must design and execute a merit review process for applications. This process must be described or incorporated by reference in the applicable funding opportunity (see Appendix I to this part, Full text of the Funding Opportunity.) See also Section 200.203 Notices of funding opportunities. An appeals process must be described and incorporated with the merit based review process.

- A. Receipt of Grant Application Proposals - A record shall be prepared that shall include the name of the grantor, title of the grant, each grant applicant and a notation of date and time of grant application receipt.
- B. State Agencies shall keep a file of the grant award process that includes the written determination of award, grant application and requirements. The Grant Award file shall be available to Federal and State audit organizations, the Office of the Auditor General, and the Executive Inspector General.
- C. Competitive Grant evaluation criteria must be tied to objectives or purpose of the federal or state grant program.
 - 1) Evaluation criteria must include at a minimum the following criteria categories:
 - a. Need
 - b. Capacity
 - c. Quality
 - 2) Definitions for the Merit-Based Review required evaluation criteria categories include:
 - a. Need: Identification of stakeholders, facts and evidence that demonstrate the proposal supports the grant program purpose.
 - b. Capacity: The ability of an entity to execute the grant project according to project requirements.
 - c. Quality: The totality of features and characteristics of a service, project or product that indicated its ability to satisfy the requirements of the grant program.

- 3) Other evaluation criteria for Merit-Based Review may be considered in addition to the required criteria. Examples of other potential criteria categories include:
 - a. Societal Impact
 - b. Economic Impact
 - c. Cost Effectiveness
 - d. Sustainability
 - e. Grant Specific Criteria
- D. Merit based review of the Competitive Grant Application shall be prepared in accordance with 2CFR Section 200.204 and include the evaluation process description, criteria and importance stated in the grant application. The evaluation process shall include:
- 1) A statement of evaluation criteria in the grant application. The grant application shall state all criteria and their relative importance, including: preferences, technical assistance options, and tie breakers for equivalent scores after evaluation.
 - 2) A statement in the grant application identifying if there are multiple phases of evaluation, which may include a description of the evaluation phases.
 - 3) Review based solely on criteria identified in the grant application. In the event of a required change to the evaluation criteria prior to submission the grant applicants shall be informed by publication of the change to the State grant making agency website at a minimum.
 - 4) Cost sharing when applicable. Cost sharing must be specifically defined as to how it will be considered, such as to assign a certain number of additional points to applicants who offer cost sharing or to break ties among applications with equivalent scores after evaluation of all other factors. Cost sharing as an evaluation factor must include any restrictions on the types of costs that are acceptable (e.g. in-kind contributions).
 - 5) Evaluation shall be conducted by a committee. Evaluation Committee members shall be determined by the State agency, tailored to the particular grant application, and include as appropriate technical or other personnel with expertise to ensure a comprehensive evaluation of applicants.
 - a. Evaluation Committee members must not have any conflicts of interest or apparent conflicts of interest.
 - b. Grant applicants are not allowed to be evaluation committee members for which the grantee has submitted an application or if they represent an entity which has submitted an application. Exceptions may be made when required by statute.
 - c. Evaluation Committee members must sign a Confidentiality Agreement and Conflict of Interest Disclosure to participate in the evaluation process.
 - d. Evaluation members shall be assigned a code for identification of their evaluation process. Evaluator names will be available only for audit or litigation requirements.
 - e. The Evaluation Committee members may be removed by the Agency Head or designee for due cause, such as failure to comply with directions of the grant application and/or evaluation process, or to ensure the integrity of the grant. The Agency Head or designee shall state in writing his or her reasons for removing a Committee member.

- 6) Evaluation shall be based on numerical rating, unless another scoring methodology is more appropriate based on the unique circumstances of the grant program, but must contain at a minimum:
 - a. Any scoring tool shall reflect the evaluation criteria and ranking set forth in the grant application and any subcriteria available at the opening.
 - b. Evaluation Committee members must have an individual score sheet which is completed independent of the whole committee.
 - c. A summary score sheet that shows the comparative scores and resulting finalist for award must be completed.
 - d. Any significant or substantial variance between evaluator scores shall be reviewed and documented, including revision of individual scores.

- 7) Merit Based Finalist requirements prior to receiving an award shall include:
 - a. Completion of the programmatic risk assessment. The Agency will ensure that all finalists have completed the programmatic risk assessment.
 - b. Notice of State Award Finalist form sent to Merit Based award finalists. The Agency will distribute the Notice of State Award Finalist form which identifies outstanding requirements that must be completed prior to grant award. These requirements include:
 - i. Grantee pre-qualification
 - ii. Conflict of Interest and Mandatory Disclosures
 - iii. Fiscal and Administrative Risk

E. Award

- 1) An award shall be made pursuant to a written determination based on the evaluation criteria set forth in the grant application and successful completion of finalist requirements.

- 2) A Notice of State Award (NOSA) will be issued to the Merit Based finalists that have successfully completed all grant award requirements. Based on the NOSA, the Merit Based finalist is positioned to make an informed decision to accept the grant award. The NOSA shall include:
 - a. The terms and conditions of the award.
 - b. Specific conditions assigned to the grantee based on the fiscal and administrative and programmatic risk assessments.

- 3) Upon acceptance of the grant award, announcement of the grant award shall be published by the awarding agency to Grants.Illinois.gov.

- 4) A written Notice of Denial shall be sent to the applicants not receiving awards.

F. Merit-Based Evaluation Appeal Process

- 1) Competitive grant appeals are limited to the evaluation process. Evaluation scores may not be protested. Only the evaluation process is subject to appeal.

- 2) Appeals Review Officer - The Agency Head or designee may appoint one or more Appeal Review Officers (ARO) to consider the grant-related appeals and make a recommendation to the Agency Head or designee for resolution.

- 3) Submission of Appeal
 - a. An appeal must be submitted in writing in accordance with the grant application document.
 - b. An appeal must be received within 14 calendar days after the date that the grant award notice has been published.
 - c. The written appeal shall include at a minimum the following:
 - i. the name and address of the appealing party
 - ii. identification of the grant
 - iii. a statement of reasons for the appeal

- 4) Response to Appeal
 - a. The State agency must acknowledge receipt of an appeal within fourteen (14) calendar days from the date the appeal was received.
 - b. The State agency should respond to the appeal within 60 days or supply a written explanation to the appealing party as to why additional time is required.
 - c. The appealing party must supply any additional information requested by the agency within the time period set in the request.

- 5) Stay of Grant Agreement/Contract Execution
 - a. When an appeal is received the execution of the grant agreement/contract shall be stayed until the appeal is resolved or;
 - b. The Agency head or designee determines the needs of the State require moving forward with the grant execution.
 - c. The state need determination and rationale shall be documented in writing

- 6) Resolution
 - a. The ARO shall make a recommendation to the Agency Head or designee as expeditiously as possible after receiving all relevant, requested information.
 - b. In determining the appropriate recommendation. The ARO shall consider the integrity of the competitive grant process and the impact of the recommendation on the State Agency.
 - c. The Agency will resolve the appeal by means of written determination.
 - d. The determination shall include, but not be limited to:
 - i. Review of the appeal
 - ii. Appeal determination
 - iii. Rationale for the determination

- 7) Effect of Judicial Proceedings. If an action concerning the appeal has commenced in a court or administrative body, the Agency Head or designee may defer resolution of the appeal pending the judicial or administrative determination.