



Victim Assistance Grant Application Webinar

Fiscal Year 2013

Merry Wills

Federal Aid Administrator

Nebraska Crime Commission

Follow-up Conference Call

Wednesday, March 6, 2013 starting at 10 a.m. (CST).

To access the conference call:

- Dial the Conference Access Number: (888) 820-1398**
- Enter Attendee Code: 2239787**
- Attendee Quick Commands: *6 Mute/Un-Mute Own Line**

Application & Instructions:
<http://www.ncc.ne.gov/>

Due: Thursday
4/18/13 by 5 pm

Contact:
merry.wills@nebraska.gov

Nebraska Crime Commission



APPLICATION INSTRUCTIONS FOR 2013 VICTIM ASSISTANCE Victims of Crime Act (VOCA) & State Victim Assistance Funds

Applications are due in the
Nebraska Crime Commission Office
By 5:00 p.m. CDT
Thursday, April 18th, 2013

Contact: Merry Wills, Federal Aid Administrator
Nebraska Crime Commission
402.471.3416
Merry.Wills@nebraska.gov

Application kit and instructions can be downloaded at www.ncc.state.ne.us.

In accordance with the Americans with Disabilities Act, the State would like to provide reasonable accommodation with respect to a grant application to persons with disabilities. If you need a reasonable accommodation, please contact the Nebraska Crime Commission, 402.471.2194, TDD 800.833.7352.

Release Date: February 11, 2013

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Purpose: To provide direct services to individual crime victims; at no cost to the victim.

Priority Areas: At least 10% of NE's total award must be allocate to each crime victim category of sexual assault, domestic violence and child abuse. An additional 10% of the funds must go to victims of violent crime who were "previously underserved."

Previously Underserved

- **Determined based on NE's victim assistance supported activities.**
- **Victims of robbery, assault, burglary, homicide, elder abuse & intoxicated drivers.**
- **Applicants may as a whole or in-part address one or more of these stated priority areas. If only a specific type of crime victim is served, the number of potential victims to be served by the applicant will be considered in funding decisions.**

Funds Available

Amounts (estimates) are based on what was received last year.

- State Victim Assistance - \$52,559
- Federal Victims of Crime Act (VOCA) - \$2,429,912

Match Requirements

- **20%** cash or in-kind match
- Based on **total project costs**.
- Calculate by dividing the requested **federal** amount by **4**.

\$75,000 federal funds requested

$\$75,000 \div 4 = \$18,750$ (required match amount)

$\$75,000 + \$18,750 = \$93,750$ (total project cost)

- **Required** unless NEW program that has never received **VOCA** funds.
- Federal funds **can not** be used for match.
- Hourly rate for **volunteer hours** cannot exceed **\$9.00/hour**.
- Must be **directly related** to the project goals and objectives.
- Must be **financially documented** in the same manner as grant funds.
- All match funds are restricted to the **same uses** as **VOCA** funds.
- All sources of match must be **identified**.

Volunteers

- To be **eligible for funding** a project must utilize volunteers.
- For the **purpose of match**:
 - **Volunteers “on-call” for a 24-hour period may be shown as having worked a 16-hour shift**
 - **Volunteers “on-call” for 16 hours may be shown as having worked 8 hours.**
 - **All actual volunteer time spend in providing direct services to victims can be counted.**
 - **Records must be maintained documenting all service delivery and hours.**

DUNS

1-866-705-5711

<http://fedgov.dnb.com/webform>



Project safeguard:
Each position held by a different person.

Grant # _____ state Use Only

NEBRASKA CRIME COMMISSION
2013 VICTIM ASSISTANCE
Victims of Crime Act (VOCA) & State Victim Assistance
GRANT APPLICATION

1. Applicant Name: <u>Must</u> be the agency/organization that will receive and disburse the grant funds.	Name:	Phone ()
		Fax ()
2. Applicant Federal Employer ID #: (must be 9 digits)		
3. Applicant DUNS #:		
4. Applicant Address:	(zip code + 4 digits)	
5. Project Title:		
6. Project Director: (Receives all correspondence)	Name:	Phone()
	Title:	Fax ()
	Email:	
	Address: (zip code + 4 digits)	
7. Project Coordinator: (Contact Person)	Name:	Phone()
	Title:	Fax ()
	Email:	
	Address: (zip code + 4 digits)	
8. Fiscal Officer: (Cannot be Project Director)	Name:	Phone()
	Title:	Fax ()
	Email:	
	Address: (zip code + 4 digits)	
9. Authorized Official: (NOTE: The authorized official would include county board chair, mayor, city administrator, state agency director, chair or vice-chair of non-profit agency.)	Name:	Phone ()
	Title:	Fax ()
	Email:	
	Address: (zip code + 4 digits)	

Other Requirements

- **Coordination**
- **Civil Rights & EEOP Compliance**
- **SAM Registration (formerly CCR) <http://www.sam.gov/>**
- **Non-supplanting of Funds**
- **Confidentiality**
- **Special Conditions**
- **Fiscal Requirements**

Fiscal Requirements

Commingling of funds on either a program-by-program or project-by-project basis is prohibited. The subrecipient's accounting system must maintain a clear **audit trail** for each source of funding for each fiscal budget period and include the following:

- **Separate accountability** of receipts, expenditures, disbursements and balances.
- **Itemization** of all supporting records of grant receipts, expenditures and match contributions in sufficient detail to show exact nature of activity.
- Data and information for **each expenditure and match** contribution with proper reference to a supporting voucher or bill properly approved.
- Maintain **hourly timesheets** describing work activity, signed by the employee and supervisor, to document hours personnel worked on grant related activities. Each hour must be documented in same manner.
- Maintenance of **payroll** authorizations and vouchers.
- Maintenance of records supporting charges for **fringe benefits**.
- Maintenance of **inventory records** for equipment purchased, rented, and contributed.
- Maintenance of **billing records for consumable supplies** (i.e., paper, printing) purchased.
- Provisions for **payment by check**.
- **Lease agreements and contracts** for services (if applicable).
- Maintenance of **travel records** (i.e., mileage logs, gas receipts).

Allowable Items

Fringe Benefits –

- **Insurance offered by the agency (health, life, professional liability, etc.)**
- **FICA (SSI & Medicare)**
- **Unemployment Insurance**
- **Workers Compensation**
- **Costs of leave (holidays, sick leave, vacation)**
- **Pension/retirement**

Audits – A-133 required, pro-rated

Mileage – new rate .0565

EXAMPLE: CATEGORY A - PERSONNEL

Position	Annual Salary	% Time Devoted	Amount Requested	Match	Subtotal	Requested Fringe	Match Fringe	TOTAL COSTS
Program Coordinator	\$35,000	50%	\$8,750	\$8,750	\$17,500	\$3,500	\$	\$21,000
Advocate	\$33,000	100%	\$29,700	\$3,300	\$33,000	\$5,940	\$660	\$39,600
Advocate	\$32,500	100%	\$32,500	\$	\$32,500	\$6,500	\$	\$39,000
Direct Service Volunteers	\$	100%	\$	\$9,013	\$9,013	\$	\$	\$9,013
	\$	%	\$	\$	\$	\$	\$	\$
Total Personnel Budget			Amount Requested	Match	Subtotal	Fringe Requested	Fringe Match	TOTAL COSTS
			\$70,950	\$21,063	\$92,013	\$15,940	\$660	\$108,613

4. **Personnel Budget Narrative:** A budget narrative **MUST** be attached if funds are requested and/or match is provided. The narrative **MUST** include a breakdown of how the cost for **each** position was determined (i.e. 500 hours x \$5 an hour = \$2,500) for **both the requested funds and matching funds**. The budget narrative is to explain:

- Fringe benefits requested for each position. In the example note how fringe benefits are appropriately pro-rated based on amount of federal dollars requested.
- Only include basic fringe benefits and provide details explaining each benefit requested or matched. Example: Health Insurance @ \$6,000 per year/single coverage; FICA @.0765 of total salary, etc.
- If each position is existing or new, and if existing how it is not supplanting. If new, it must be justified throughout application.
- If each position is full or part-time. If full-time but request is for partial funding explain how remainder of position is funded.
- **How** each position is relevant to the project.
- A brief description of the duties of **each** position. Include primary responsibilities and specific duties. Identify any **new** duties if this position was previously funded.
- Include positions for which funds are not being requested or are not used as matching funds but will be involved in the project.

Building Sustainability

- Organizational Infrastructure
- History
- Mission
- Financial Supports
- Community Partnerships
- Accomplishments
- Strategic Plan
- Contingency Plan

Friendly Reminders 😊

- Review Instructions
- Letters of Commitment/Support
- Submit only Budget pages relevant to your project
- ID all sources of match
- Note if new or existing, part or full-time
- Double check calculations – budget, statistics, percentages

Application Submission

Faxed copies will NOT be accepted.

Applicant must submit **the following** (#1 and #2) by 5:00 p.m. (CDT) on Thursday, April 18, 2013.

1. A PDF copy of the completed (signed with attachments) application emailed as an attachment to Teddy.Pika@nebraska.gov
2. One (1) original and two (2) copies to the Crime Commission.

Original application must be single sided; stapled in the upper left hand corner and 2-hole punched at the top.

Copies of the application can be double sided but must be stapled in the upper left hand corner (2-hole punched not required).

<u>Mailing Address:</u>	<u>Personal Delivery/Overnight:</u>
Nebraska Crime Commission PO Box 94946 Lincoln NE 68509	Nebraska Crime Commission 5 th Floor 301 Centennial Mall South Lincoln, NE 68509

Funding Process and Tentative Timeline

April 19, 2013	Technical/Administrative Review begins
May 30, 2013	Staff Review conducted
June 20, 2013	Crime Commission Grant Review Committee meets to consider recommendations
June 21, 2013	Letters mailed to applicants advising of Committee's recommendations
July 19, 2013	Crime Commission meets to make final funding determinations
July 22, 2013	Applicant is mailed written notification of approval/denial
August 2013	Grand Awards and Special Conditions due to the Crime Commission

*Thank you for viewing
this webinar.*