

CY 2019 VICTIM'S ASSISTANCE LAW ENFORCEMENT (VALE) FUND

GRANT/CONTRACT APPLICATION

Released

May 14, 2018

Grant/Contract Period

January 1, 2019 – December 31, 2019

4th Judicial District VALE Grant Applications
must be received at:

4th Judicial District Attorney's Office

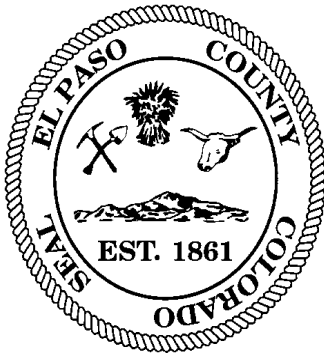
Attn: VALE Administrator

105 East Vermijo, Suite 111

Colorado Springs, CO 80903

No later than 5:00 pm on July 31, 2018

Late Applications will NOT be accepted.



Please read the *Request for Proposal (RFP) Announcement* and the *Application Instructions* prior to completing this application.

For more information contact:

Morgan Devendorf

VALE Administrator

Office: 719.520.6723

Email: morgandevendorf@elpasoco.com

CY 2019 VICTIM'S ASSISTANCE LAW ENFORCEMENT (VALE) FUND

GRANT/CONTRACT APPLICATION

1) Applicant Agency:
Legal Agency Name:
Doing Business As (dba):
Project Title:
Mailing Address:
Street Address:
City/Town:
County:
Phone # :

2) Project Director:	VALE USE ONLY CY 2019 FUNDING
Project Director Name:	Date Received:
Position/Title:	Circle One: V/S or L/E Previously Funded: YES or NO
Phone #: Fax #:	App #
E-Mail:	Approved: _____ Denied _____
	New Applicant <input type="checkbox"/> Continuation Applicant Agency <input type="checkbox"/>

3) Total VALE Funds Requested:	\$	Award \$
---------------------------------------	----	----------

4) Type of Agency: <i>Check if applicable</i>
<input type="checkbox"/> Non-Profit Agency {501(c)3} <input type="checkbox"/> Government Agency <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/> DA's Office <input type="checkbox"/> Courts / Probation <input type="checkbox"/> Other (Please specify):

2019

Section B: Project Concept/Design

5) Applicant Agency Description and History

Empty text area for Applicant Agency Description and History.

6) Problem Statement

7) Crime Victim Definition

8) Project Description

8) Project Description Continued

9) Coordination of Services

10) Project Timeline and Work Plan

11) Victim's Rights Act (Please answer 11A OR 11B)

11A) Describe how this project will address the guidelines for assuring the rights of victims and witnesses as outlined in the Victim's Rights Act Section 24-4R.S.?

11B) If applicable, define how this project will address law enforcement victim service needs as outlined in the VALE Statute 24-4.2-105 C.R.S. (Law Enforcement agencies ONLY.)

12) Describe the efforts of your agency to ensure that the crime victims served by your agency fully understand the rights afforded to them by the constitutional amendment.

13) Describe the type of victim's rights training that has been provided to your staff/volunteers.

14) Describe how your agency provides culturally appropriate services.

Section C) Goals and Objectives

15) Please list your goals & objectives for the purpose of your specific project-funding request.

Goals should be limited to three, with no more than three objectives for each goal. Your objectives must be measureable and related to the personnel position(s) / professional services or consultant(s) requested in your Total 12-Month Budget.

Goal 1:

Objective 1:

Position Title(s):

Position #(s):

Objective 2:

Position Title(s):

Position #(s):

Objective 3:	
Position Title(s):	Position #(s)

Goal 2:	
Objective 1:	
Position Title(s):	Position #(s):
Objective 2:	
Position Title(s):	Position #(s):
Objective 3:	
Position Title(s)	Position #(s)

Goal 3:	
Objective 1:	
Position Title(s):	Position #(s):
Objective 2:	
Position Title(s):	Position #(s):

Objective 3:

Position Title(s):

Position #(s):

16) Program Evaluation

17) Project Challenges

Section D: Budget Summary/Financial information

NOTE: Please check your arithmetic on ALL entries!

18) Total 12-Month Budget – Calendar Year January 1 to December 31

18A) Personnel Request:

Position 1:	Title: Name: Total # hours per week this position for the agency (max=40 hrs.)			VALE Staff Use Only
	Annual Budget	Amount requested from VALE	Amount from all other sources for this position	
Salary	\$	\$	List Sources:	
Fringe/Benefits	\$	\$		
Totals:	\$	\$	Total from all other sources: \$	

Position 2:	Title: Name: Total # hours per week this position for the agency (max=40 hrs.)			VALE Staff Use Only
	Annual Budget	Amount requested from VALE	Amount from all other sources for this position	
Salary	\$	\$	List Sources:	
Fringe/Benefits	\$	\$		
Totals:	\$	\$	Total from all other sources: \$	

Position 3:	Title: Name: Total # hours per week this position for the agency (max=40 hrs.)			VALE Staff Use Only
	Annual Budget	Amount requested from VALE	Amount from all other sources for this position	
Salary	\$	\$	List Sources:	
Fringe/Benefits	\$	\$		
Totals:	\$	\$	Total from all other sources: \$	

Position 4:	Title: Name: Total # hours per week this position for the agency (max=40 hrs.)			VALE Staff Use Only
	Annual Budget	Amount requested from VALE	Amount from all other sources for this position	
Salary	\$	\$	List Sources:	
Fringe/Benefits	\$	\$		
Totals:	\$	\$	Total from all other sources: \$	

TOTAL VALE Personnel Funds Requested: \$

If you are requesting funding for PERSONNEL, you must fully explain and justify the need for the current request.

18B) Supplies & Operating Expenses:

List Requested Operating Expenses	Annual Amount	Amount Requested from VALE	Amount Available / Anticipated from Other Sources
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total VALE Supplies & Operating Funds Requested:	\$	\$	\$

If you are requesting for SUPPLIES & OPERATING, you must fully explain and justify the need for the current request.

18C: In-State Travel

(Transportation, Per Diem, Etc.)	Annual Amount	Amount Requested from VALE	Amount Available / Anticipated from Other Sources
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total VALE In-State Travel Funds Requested:	\$	\$	\$

If you are requesting funding for IN-STATE TRAVEL*, you must fully explain and justify the need for the current request. *See instructions

18D: Equipment (durable, single item \$5,000 & over):

List Requested Equipment Expenses	Annual Amount	Amount Requested from VALE	Amount Available / Anticipated from Other Sources
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total VALE Equipment Travel Funds Requested:	\$	\$	\$

If you are requesting funding for EQUIPMENT, you must fully explain and justify the need for the current request.

18E: Professional Services / Consultants:

Professional Services / Consultants	Annual Amount	Amount Requested from VALE	Amount Available / Anticipated from Other Sources
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total VALE Professional Services / Consultants Funds Requested:	\$	\$	\$

If you filled out any of the boxes for PROFESSIONAL SERVICES / CONSULTANTS, your must fully explain and justify, both the need and the rate of pay, for the current request.

18F) VALE Grant Request Summary (This chart summarizes all dollars by category):

Note: Please check your arithmetic on all entries.

Budget Categories	VALE Grant Request
Personnel	\$
Supplies & Operating	\$
In-State Travel	\$
Equipment	\$
Total VALE Funds Requested:	\$

Section E: Agency Funding Information

19) Necessary Funding Information – Please Answer 19A OR 19B

19A) Continuation Applicants – Clearly describe the reasons for the differences between this requests for funding and your most recent/current grant award.

19B) NEW Applicants – If not currently being funded by VALE, you must describe how the requested budget items are currently being funded.

20) Total Agency Revenues and Budget – This section is to include the total *agency revenue and expenditures* for the last completed fiscal year.

REVENUE	Amount	EXPENDITURES	Amount
VOCA	\$	Personnel Salaries	\$
VAWA	\$	Personnel Taxes	\$
FVPSA / DAAP /TANF	\$	Personnel Benefits	\$
City Government	\$	Professional Services	\$
Local VALE:	\$	Accounting Services (i.e. Payroll)	\$
JD #	\$	Attorney Fees	\$
JD#	\$	Translation / Interpretation Services	\$
JD#	\$	Equipment (copiers, fax machines, computers)	\$
JD#	\$	Rent / Mortgage	\$
State VALE	\$	Utilities	\$
County Funding	\$		\$
United Way	\$	Telephone	\$
Corporate / Foundation Grants	\$	Answering Service	\$
Local Fundraising Activities / Events	\$	Insurance	\$
Donations	\$	Fundraising Expenses	\$
Client Fees	\$	Audit / Financial Review	\$
Investment Income	\$	Staff Travel	\$
State Government Funding	\$	Staff, Board & Volunteer Training / Development	\$
Other Federal Funds – Specify:	\$	Program Supplies & Materials	\$
Project Income (i.e. educational trainings / materials)	\$	Office Supplies	\$
SA Prevention Funds	\$	Advertising	\$
Other:	\$	Postage	\$
Other:	\$	Duplication / Printing	\$
Other	\$	Books & Subscription	\$
Other:	\$	Memberships	\$
Other:	\$	Computer Consultants	\$
Other:	\$	Client Services (food, motel, transportation, etc.)	\$
Other:	\$	Client Services	\$
Other	\$	Bank / Finance Fees	\$
Other:	\$	Newsletter / Education	\$
Other:	\$	Depreciation	\$
Total:	\$	Total:	\$

21) Please explain the percentage of your agency's budget used for crime victim services.

22) Describe how your agency tracks funds and services to ensure that it is not using VALE funds to provide services which could be or have been paid to by Victim's Compensation.

23) Diversification of Funding – Please list all sources of funding that you have solicited in CY2016

Section F – Appendix

Please attach the following documents, as applicable to the original and each of the six (6) copies your application:

- ✓ Statement of your Organization's Mission and/or Vision
- ✓ Job Descriptions for VALE funded staff, *if applicable*
- ✓ Listing of Board of Directors and/or Key Officers
- ✓ Letters of Support, if applicable
- ✓ Proof of non-profit status — *new non-profit applicants only*
- ✓ **Enclose one loose copy of the following:** Audit or Financial Review

RESPONSIBLE PARTIES

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE RIGHTS AFFORDED TO CRIME VICTIMS PURSUANT TO 42-4.1-302.5 AND THE SERVICES DELINEATED PURSUANT TO SECTIONS 24-4.1-303 AND 24-4.1-304 C.R.S.

AUTHORIZED OFFICIAL
(PLEASE PRINT)

PROJECT DIRECTOR
(PLEASE PRINT)

SIGNATURE

SIGNATURE

FINANCIAL OFFICER
(PLEASE PRINT)

AGENCY DIRECTOR
(PLEASE PRINT)

SIGNATURE

SIGNATURE

Project Director: The person who has direct responsibility for the implementation of the project. This person should combine knowledge and experience in the project area with ability to administer the project and supervise personnel. He/She shares responsibility with the Financial Officer for seeing that all expenditures are within the approved budget. This person will normally devote a major portion of his/her time to the project and is responsible for meeting all reporting requirements. The Project Director must be a person other than the Authorized Official or the Financial Officer.

Agency Director: The executive director of the agency. This may in some agencies be the same person as the Project Director or Authorized Official.

Financial Officer: The person who is responsible for all financial matters related to the program and who has responsibility for the accounting, management of funds, verification of expenditures, audit information and financial reports. The person who actually prepares the financial reports may be under the supervision of the Financial Officer. The Financial Officer must be a person other than the Authorized Official or the Project Director.

Authorized Official: The authorized official is the person who is, by virtue of such person’s position, authorized to enter into contracts for the grant recipient. This could include: Mayor or City Manager for City Agencies/Police Departments, Chairperson of the County Commissioners for County Agencies/Sheriff’s Departments, President or Chairperson of the Board of Directors for Non-Profit agencies, District Attorney, Superintendent or other Chief Executive Officer.

ALL APPLICANTS REQUESTING GRANT FUNDS WILL BE REQUIRED TO MAKE AN ORAL PRESENTATION TO THE V.A.L.E. BOARD