

Application Guide

Use this guide to prepare your answers to be entered in the online form located at:
https://hal.nv.gov/form/DCFS/VOCA_SF23_Application

DO NOT SUBMIT THIS FORM - THIS FORM IS ONLY TO ASSIST YOU IN COMPLETING THE APPLICATION ONLINE.

Section 2- Proposal Summary

Applicant Organization

Name	
Mailing Address	
City & State, Zip (9-digit)	
Physical Address	
City & State, Zip (9-digit)	
Federal Tax ID #	
DUNS #	

Organization Type

- For-Profit 501(c)(3) Nonprofit Government Agency
 Tribal

Geographic Area of Service (Check applicable boxes & provide brief narrative of service area) If you provide services in states other than Nevada, include numbers or percentages served by state.

<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Region <input type="checkbox"/> Statewide	
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Application Type

- Traditional VOCA Innovative VOCA Both (specify amounts below)

Victim Populations to be served: Specify (%) percentage of funding requested for services by population/client. *Only services that are specific to a federal priority category should be included. All services not specific to the federal priority category should be included in the "ALL other Victims of Crime" category.*

Victim Population	% of Funding (Must Total 100%)
<input type="checkbox"/> Child Abuse	
<input type="checkbox"/> Domestic Violence	
<input type="checkbox"/> Sexual Assault	
<input type="checkbox"/> Underserved Populations	
<input type="checkbox"/> Children and Minors	
<input type="checkbox"/> Immigrants	
<input type="checkbox"/> Elderly	
<input type="checkbox"/> People with Disabilities	
<input type="checkbox"/> LGBTQIA2+	
<input type="checkbox"/> Tribal Communities	
<input type="checkbox"/> Homeless	
<input type="checkbox"/> All other Victims of Crime	
Total	

Program Point of Contact

Name	
Title	
Phone	
Email	

Fiscal Officer

Name	
Title	
Phone	
Email	

Subcontracting of Services

Does your organization subcontract its services? Yes No

Subcontractor	
Mailing Address	
Physical Address	
City & State, Zip (9-digit)	
Federal Tax ID #	(xx-xxxxxxx)

Funding Request-

Funding	SFY 22 Award	SFY 23 Request	Difference
Victims of Crime Act (VOCA)- Traditional			
Victims of Crime Act (VOCA)- Innovative			

If you are requesting more funding on this application than you received for SFY22, please briefly describe how the increased funding will be used. (250 word maximum)

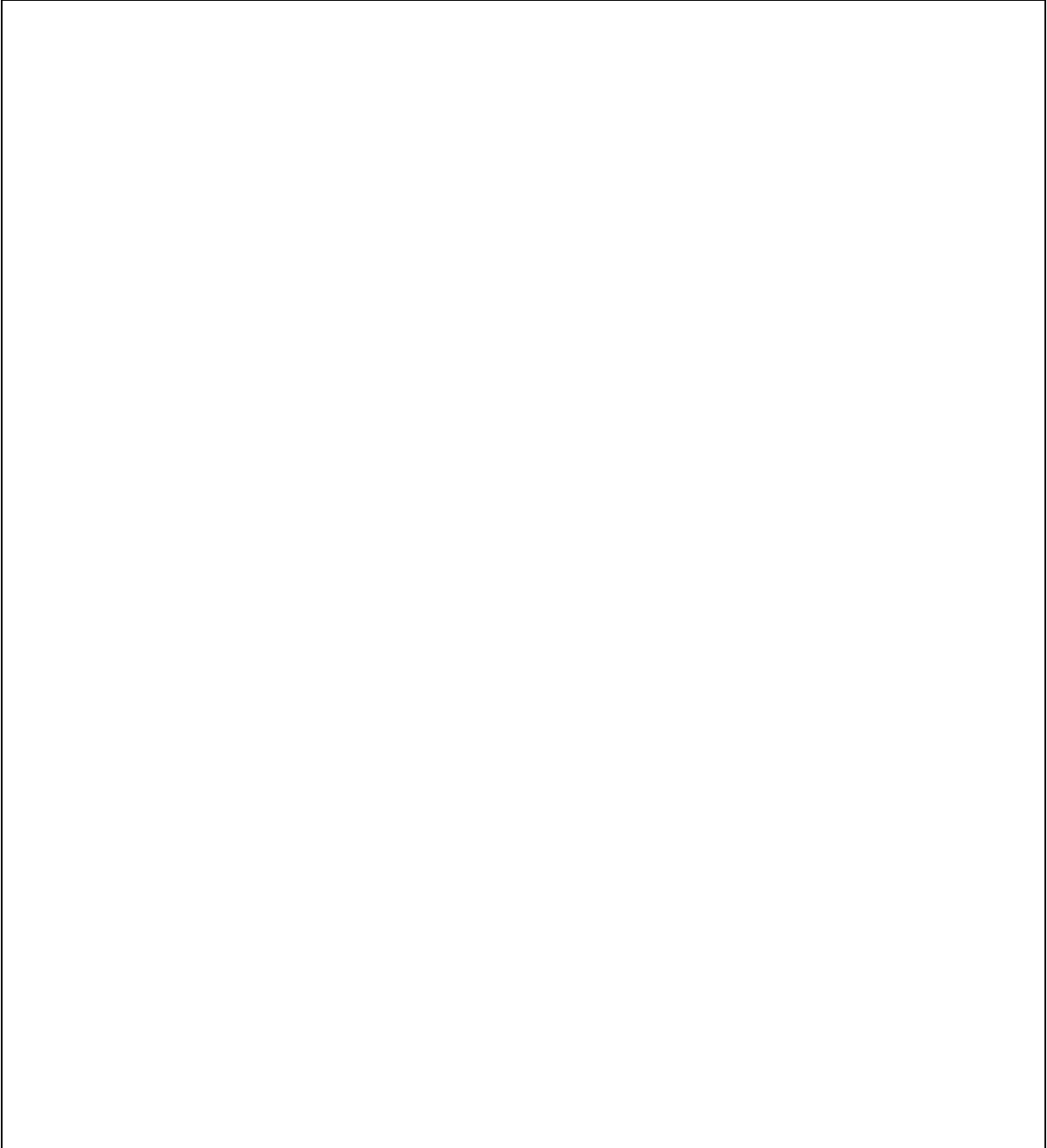
Section 3- Proposal Narrative

1. Overview: 1) Provide Organization's mission statement; 2) Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary; 3) Provide three (3) brief examples of the organization's successes; and 4) Describe the organization's desired goals and outcomes with service numbers. (1,000 words maximum)

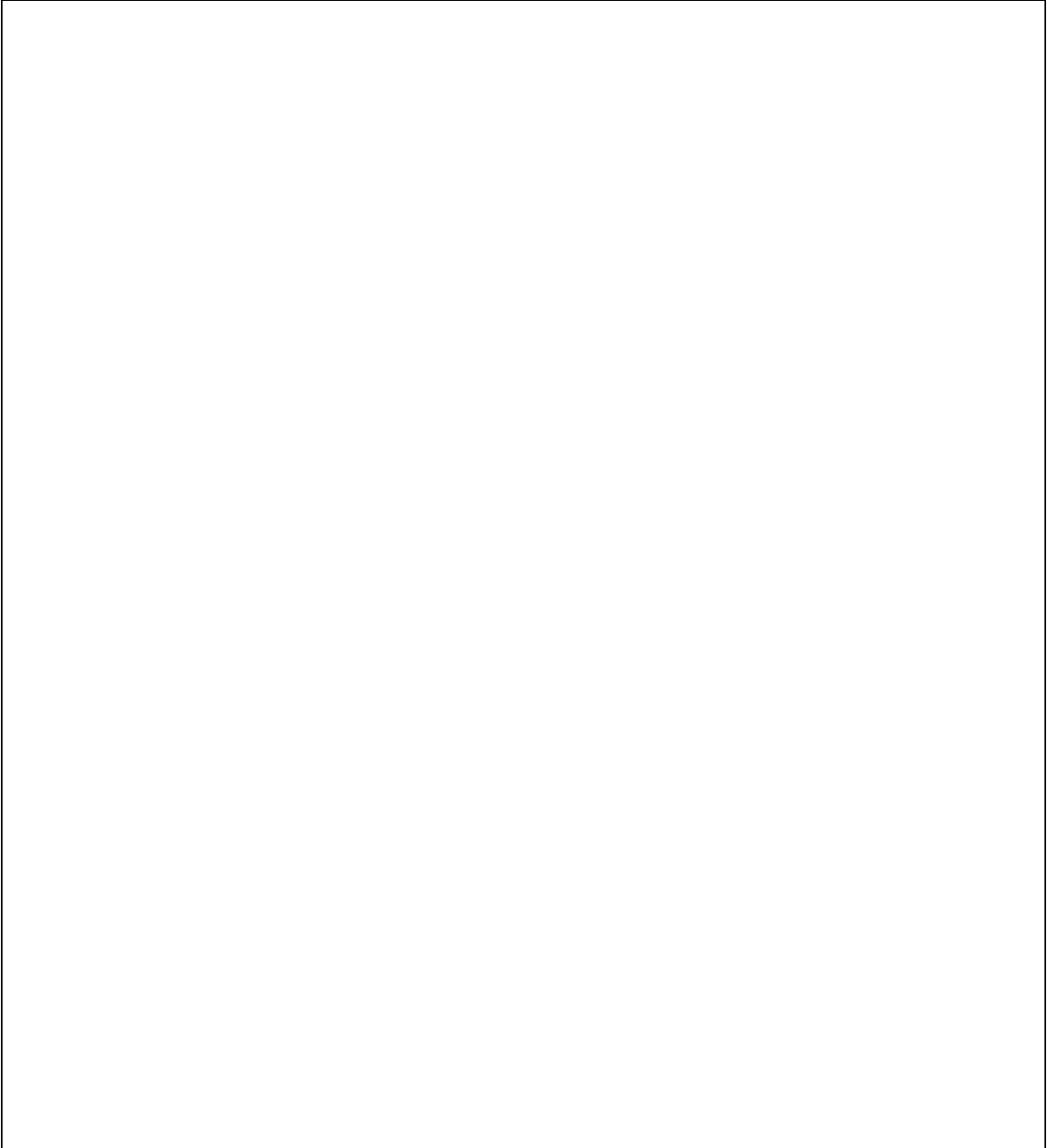
2. Statement of Need: 1) Establish the degree of need of VOCA services within the geographic area; identify the targeted population and explain how the target population would benefit from the proposed project. If applying for both traditional and innovative funds, clarify the need and target population for both programs. (1,000 words maximum)

3. Services Proposed: The foundation of the proposed project(s) should be constructed of evidence supported project justification, empirically supported methods, appropriate staffing, a flexible design, and a clear strategy. 1) Identify what services will be provided; 2) Explain how your agency will ensure that services are accessible to all populations, how the needs of your clients will be assessed, and how services will be individualized; 3) Describe your agency's approach to direct service delivery and how it meets the needs of the client; and 4) If you are already providing the proposed services in the proposed community/communities, indicate whether there is a waiting list for the proposed services and provide the average length of wait and the number of prospective clients on the list. If applying for both traditional and innovative funds, clarify the services proposed for both programs. (1,000 words maximum)

4. Goals and Objectives: 1) Describe the organization's goals and objectives to meet the geographic area's needs; and 2) Provide the projected number of services that will be provided with these grant funds. Note that these projections must match the Scope of Work and Budget Narrative. If applying for both traditional and innovative funds, clarify the services proposed for both programs (1,000 words maximum)

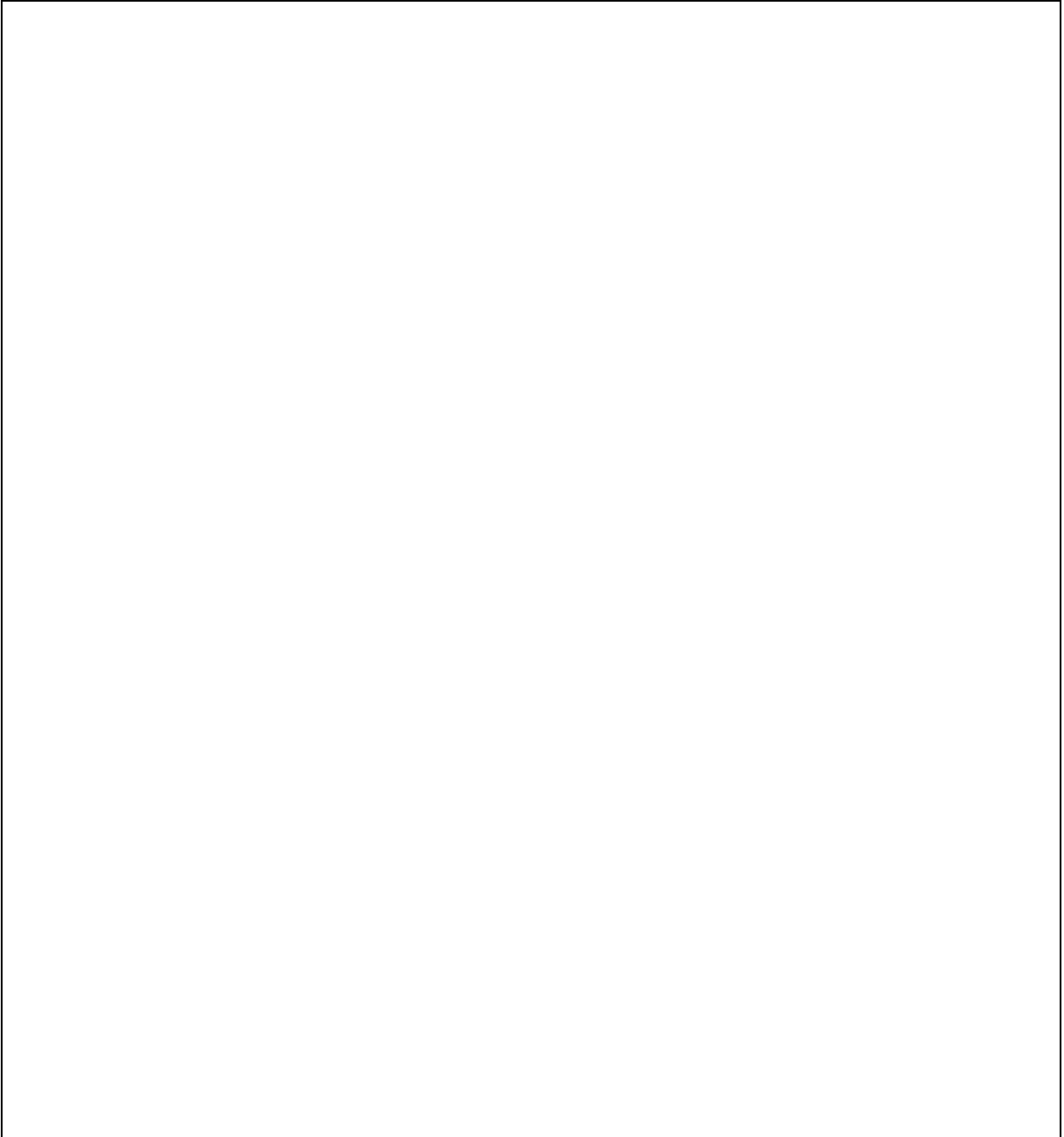


5. Methods of Accomplishment: 1) Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved; and 2) Explain what measurements will be used to report on the program's success. If applying for both traditional and innovative funds, clarify the services proposed for both programs. (1,000 words maximum)



6. Availability and Accessibility of Services: 1) Detail the availability of services within the organization's geographic area; 2) Identify other organizations providing similar services and describe why duplication of services is warranted; and 3) Describe resources or planning that supports sustainability, including diverse funding resources, staff commitments, and longevity of the organization. (1,000 words maximum)

7. Community Coordination/Collaboration: 1) Identify existing or proposed collaborators for the project and the level of participation of all agencies included in the collaboration; 2) Describe how this program will encourage the collaborative effort of various agencies or organizations by working with existing programs or forming new partnerships to provide the proposed services; and 3) include any current Memorandums of Understanding and/or Letters of Intent in your application packet. (1,000 words maximum)



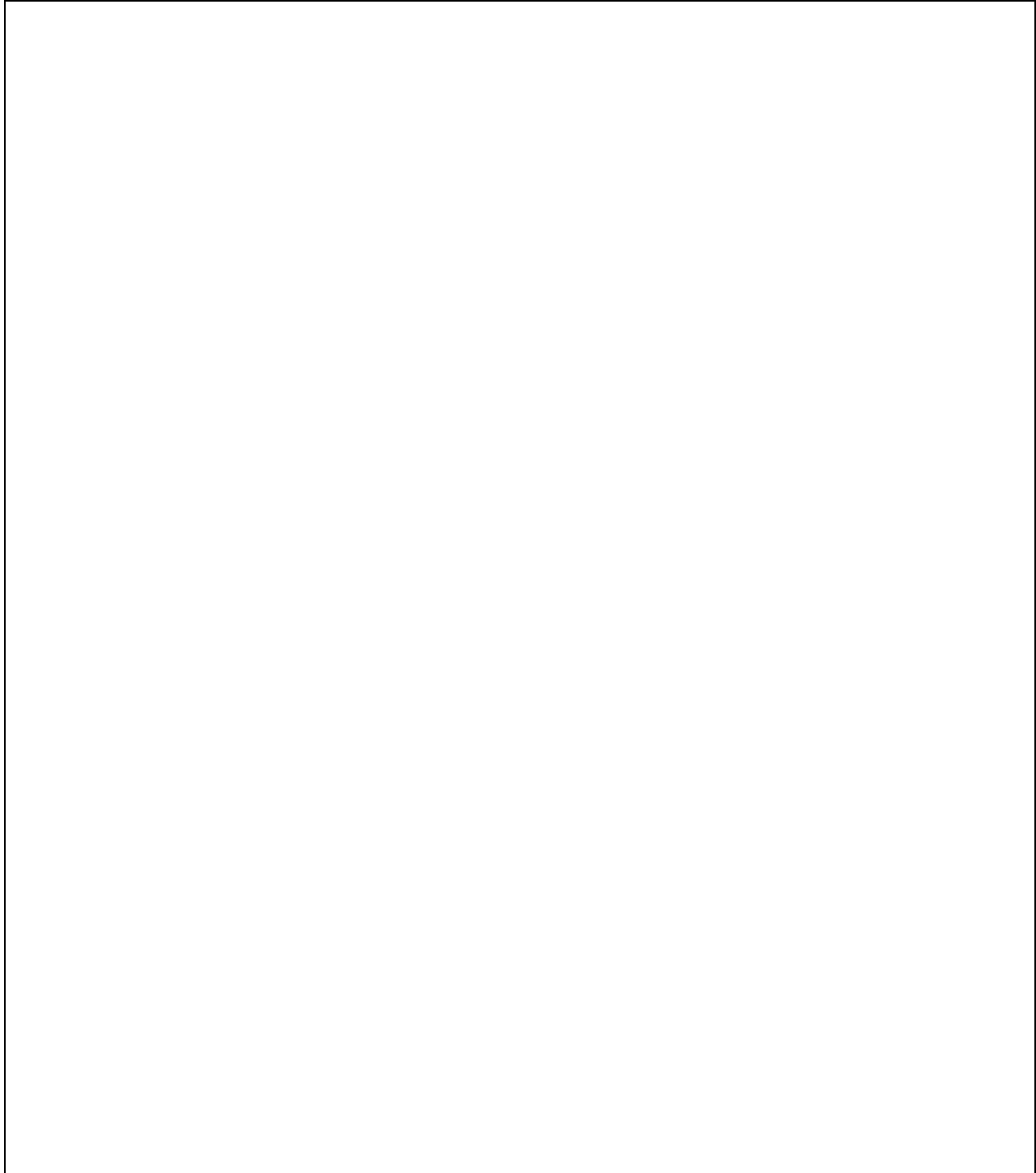
8. Vicarious Trauma: Vicarious trauma, also known as secondary trauma, provider fatigue, or compassion fatigue can have long-lasting effects on service providers who work closely with crime victims. 2) Describe what services or strategies will be utilized to address vicarious trauma involving direct service providers. (1,000 words maximum)

9. Innovation: For Innovation Application ONLY- 1) Describe what qualification(s) of innovation (see list in the Program Requirements section of this NOFO) your program will have and how that will benefit the victims you will serve. (1,000 words maximum)

A large, empty rectangular box with a thin black border, intended for the applicant to describe their innovation and its benefits to victims. The box is currently blank.

10. Population: For Innovation Application ONLY- 1) Describe the unique needs of the population that your innovation program will be serving and how your agency is prepared to address those needs. (1,000 words maximum)

11. Innovative Priority Funding Areas: For Innovation Application ONLY- 1) Describe how your services are or will be tailored to meet the specific needs of the population, and 2) Describe how your agency plans on increasing outreach and services for individuals in the targeted group.



Section 6- Agency Self- Assessment

Section A: GENERAL INFORMATION										
Organization Name										
Fiscal Point of Contact	Name: _____ Title: _____ Address: _____ Phone: _____ Email: _____ Fax: _____									
Program Point of Contact	Name: _____ Title: _____ Address: _____ Phone: _____ Email: _____ Fax: _____									
Organization Info	DUNS #: _____ EIN #: _____ URL: _____ State Vendor #: _____ # of Employees: _____ Registered with SAM.gov? <input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____ Is your organization or its principles presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from transactions by any federal department or agency? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please skip the rest of questionnaire, sign, and return)									
1. Type of Organization (check all that apply):										
<input type="checkbox"/> University <input type="checkbox"/> Foundation <input type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For-Profit <input type="checkbox"/> Government Entity – City <input type="checkbox"/> Government Entity – District <input type="checkbox"/> Government Entity – County <input type="checkbox"/> Government Entity – State <input type="checkbox"/> Other: _____										
2. Organizational Fiscal Year (Month and Year):										
3. Name of Cognizant Federal Agency (if applicable): _____ Approved Indirect Rate: _____										
4. Approximate total organization-wide annual operating budget:										
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 40%;">Previous Fiscal Year</th> <th style="width: 40%;">Current Fiscal Year</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Federal Funds</td> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">Non-Federal Funds</td> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">\$ _____</td> </tr> </tbody> </table>		Previous Fiscal Year	Current Fiscal Year	Federal Funds	\$ _____	\$ _____	Non-Federal Funds	\$ _____	\$ _____
	Previous Fiscal Year	Current Fiscal Year								
Federal Funds	\$ _____	\$ _____								
Non-Federal Funds	\$ _____	\$ _____								
5. Did your organization expend more than \$750,000 in Federal funds combined? <input type="checkbox"/> YES <input type="checkbox"/> NO										
6. Have your organizations' annual financial statements been audited by an independent audit Firm? <input type="checkbox"/> YES <input type="checkbox"/> NO										
7. Has your organization received funds for activities which are similar to, or the same as the currently proposed subgrant award? <input type="checkbox"/> YES <input type="checkbox"/> NO										
8. Has your organization managed federal or state funds in the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO										
9. Organization Director has been in place for:										

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 5+ years
10. Fiscal key personnel have been in place for:			
<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 5+ years
11. Program key personnel have been in place for:			
<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 5+ years
12. Certify that checked policies and procedures exist within your organization:			
<input type="checkbox"/> Personnel (including Time and Attendance, Pay Rate & Benefits, Time and Effort, Discipline and Conflict of Interest)			
<input type="checkbox"/> Travel <input type="checkbox"/> Financial Management (including Purchasing, Receivables, and Payables) <input type="checkbox"/> Internal Controls			
<input type="checkbox"/> Equipment & Inventory <input type="checkbox"/> All National Policy Regulations (i.e., Civil Rights, Disability etc.)			
Section B: BUDGET FORMATION & ADMINISTRATION			
1. Does the organization have an operating budget for each of its grants? (UG §200.302) <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Who are the people responsible for developing and reviewing the budget(s) for your organization?			
Names and titles:			
3. Does the organization have fiscal controls that result in (UG §200.303):			
a. Control of expenditures within the approved operating budget? <input type="checkbox"/> YES <input type="checkbox"/> NO			
b. Management review and approval prior to issuing budget amendments or incurring obligations or expenditures that deviate from the operating budget? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. Is there timely, periodic financial reporting to management that permits (UG §200.308):			
a. Comparison of actual expenditures with the budget for the same period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
b. Comparison of revenue estimates with actual revenue (including program income, if applicable) for the same period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
5. Is the responsibility for maintain budget control established at all appropriate levels? <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. What steps are taken if projected revenues were insufficient to cover actual expenditures?			
Describe:			
Section C: INTERNAL CONTROLS			
1. Describe your organization-wide segregation of responsibilities in context of checks and balances and advise where they reside within your policies or procedures regarding segregation of responsibilities:			
2. Are specific officials designated to approve payrolls and financial transactions at various dollar levels? <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. Do the procedures for cash receipts and disbursements include the following safeguards:			
a. Receipts are promptly logged, restrictively endorsed, and deposited in an insured bank account. <input type="checkbox"/> YES <input type="checkbox"/> NO			
b. Bank statements are promptly reconciled to the accounting records and are reconciled by someone other than the individual(s) handling cash, disbursements and maintaining accounting records. <input type="checkbox"/> YES <input type="checkbox"/> NO			
c. All disbursements (except petty cash and electronic disbursements) are made with pre-numbered checks. <input type="checkbox"/> YES <input type="checkbox"/> NO			

d. Supporting documents (e.g., purchase orders, invoices, etc.) accompany the checks submitted for signature, and are marked paid or otherwise prominently noted after payments are made. <input type="checkbox"/> YES <input type="checkbox"/> NO	
e. Checks drawn to "cash" and advance signing of checks are prohibited. <input type="checkbox"/> YES <input type="checkbox"/> NO	
f. Multiple signatures are required on checks. <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Are individuals of trust required to take leave and delegate their duties to others while on leave? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Section D: ACCOUNTING	
1. Does the organization have written accounting policies and procedures to assure uniform practice in the following areas:	
a. Procurement	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Contract Administration	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Payroll	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Records to justify costs of salaries and wages	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Inventory	<input type="checkbox"/> YES <input type="checkbox"/> NO
f. Vendor payments	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Federal draws	<input type="checkbox"/> YES <input type="checkbox"/> NO
h. Grants budgeting and accounting	<input type="checkbox"/> YES <input type="checkbox"/> NO
i. Cash management	<input type="checkbox"/> YES <input type="checkbox"/> NO
j. Audit resolution	<input type="checkbox"/> YES <input type="checkbox"/> NO
k. Cash receipts	<input type="checkbox"/> YES <input type="checkbox"/> NO
l. Disbursements	<input type="checkbox"/> YES <input type="checkbox"/> NO
m. Records retention	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the organization use the same policies and procedures for accounting for and expending federal funds as it does for its organization funds? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Are all appropriate accounting staff trained on current federal policies, procedures, and instructions on accounting for and expending federal funds? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. What accounting system does your organization use (e.g. QuickBooks, Peachtree, Socrates Media or custom)? Describe: How long it has been in use:	
5. Which accounting basis is used by your organization? <input type="checkbox"/> Cash basis <input type="checkbox"/> Accrual basis <input type="checkbox"/> Modified Accrual	
6. Are grant funds accounted for separately in your financial management system? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe.	
7. Does your organization use a chart of accounts and accounting manual? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. For each grant, does the accounting system provide the following information:	
a. Authorizations	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Obligations	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Funds received	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Program income	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Subawards	<input type="checkbox"/> YES <input type="checkbox"/> NO
f. Outlays	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Unobligated balances	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are obligation records by:	
a. Funding source	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Object codes	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Are accounting records supported by source documentation (e.g., canceled checks, paid bills, payrolls, contract and subaward documents, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO	

11. Are purchasing and payment functions separate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. Do accounting staff review the following items prior to entry into the system:	
a. Authorizations	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Purchase Orders	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Payments	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Are there controls to preclude:	
a. Over-obligation	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Under- or overstatement of unliquidated obligations	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Duplicate payments	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Inappropriate charges to grants	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Does the organization have effective control over, and accountability for, all funds, property, and other assets? The organization must adequately safeguard all assets and assure they are used solely for authorized purposes (UG §200.302) <input type="checkbox"/> YES <input type="checkbox"/> NO	
15. Does the organization reconcile bank statements (at least) monthly? <input type="checkbox"/> YES <input type="checkbox"/> NO	
16. Are vouchers or supporting documents identified by grant, number, date, and expense classifications? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17. Are checks submitted for signature accompanied by supporting documents? <input type="checkbox"/> YES <input type="checkbox"/> NO	
18. Are invoices and vouchers approved in advance by authorized officials, prior to payment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
19. For credit cards:	
a. Does the bank provide the subrecipient with a list of credit-card users?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Are the balances of credit cards capped?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Are credit card purchases used for business purposes only?	<input type="checkbox"/> YES <input type="checkbox"/> NO