

Application: Checklist

Print and sign the completed application. Complete this checklist prior to scanning/submitting.

Section 1: Application Form

- All boxes are checked to indicate the correct answer.
- All fields are completed according to instructions.
- Certification is signed.

Section 2: Proposal Summary

- Complete this section using the online form at https://hal.nv.gov/form/DCFS/VOCA_SF23_Application

Section 3: Proposal Narrative

- Complete this section using the online form at https://hal.nv.gov/form/DCFS/VOCA_SF23_Application

Section 4: Scope of Work Table

- Complete Scope of Work Table

Section 5: Budget

- Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.
- Completed Budget Narrative (All three forms)

Section 6: Agency Self-Assessment

- Complete this section using the online form at https://hal.nv.gov/form/DCFS/VOCA_SF23_Application

Section 7: Past Performance with DCFS Grant Management Unit

- Attached most recent Single Audit or Financial Opinion

Application Submission/Attachments

- Agency name is on the bottom of every page
- Included resumes and copies of licenses of key personnel (including subcontractors)
- Included any current Memorandums of Understanding and/or Letters of Intent you have for community collaboration
- Included a copy of completed Scope of Work Table
- Included a copy of completed "SFY23 Budget Narrative Template" all three (3) forms
- Included copy of written agreements
- Included a copy of the Federally Negotiated Indirect Agreement (if applicable)

Application Submission

- A PDF will be emailed to DCFSGRANTS@DCFS.NV.GOV with all required documentation no later than Monday, February 7, 2022 by 5:00 p.m. PST

Application Form

Please complete each item. Add extra rows if more space is needed to provide complete response.

Applicant Organization Name	
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Key Personnel

Name	Title	Resume included?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Funding: List all funding sources for your agency. To qualify for VOCA funding your agency must receive at least 25% of its funding from non-federal sources. 28 C.F.R 94.112(b)

Funding	Type (Federal, State, Private, Etc.)	Project Period End Date	Amount Awarded (\$)

L. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the Victims of Crime Act (VOCA) legislation governing the grant as indicated by the Division of Child and Family Services (DCFS) and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Notice of Subaward and accompanying documents.

Name (type/print)	Phone
Title	Email
Signature	Date

INSTRUCTIONS: Scope of Work (SOW) Table

The Purpose of the Scope of Work (SOW) Table is to provide a clear and concise description of the services that will be provided with this grant funding. This description needs to contain measurable deliverables so that the Grant Management Unit staff can objectively measure if the program met its goals.

How to Complete the SOW Table:

1. Replace the red text that says “Subrecipient’s Name” with the name of your agency/organization in the sentence under the document name. Please note that this should be the name on your application.
2. Replace the red text that says “Subrecipient Name” with the name of your agency/organization in the “Scope of Work for Subrecipient Name” line of the document. Please note that this should be the name on your application.
3. Determine how many goals the program funded with this grant will have. You will need to have one Goal Statement and Table with details for each Goal.
 - a. If your program has only one goal, delete the second goal statement and table from the template form
 - b. If your program has more than two goals, copy the goal statement and table and paste it below the second table. Remember to change the numbering. Repeat this until you have the correct number of goals for your program.
4. Type the first goal statement for your program above the first table after where it says, “Goal 1:” See below for more details on the differences between a goal, an objective, and an activity.
5. Determine the Target Number of the objective(s) you are going to provide to meet your goal. Example below.
6. Determine the Objective(s) that will show how your agency is going to demonstrate that it met its goal and type them in the first column of the table labeled Objectives.
 - a. Number each objective in the table.
 - b. Each goal must have at least one objective.
 - c. Objectives need to be specific and measurable. This means that they most likely will have a number in them.
7. Put the target number for each objective in the column labeled “Target Number”
 - a. These should be numbered to match the number of the objective that they are connected to.
8. Determine the Activities that the agency/organization will need to complete to accomplish the objective.
 - a. Each Objective must have at least one activity.
 - b. Number each activity with the number of the objective that it applies to then point and the number of the activity. Example: If the first objective had three activities, they would be numbered 1.1, 1.2., 1.3, then the second objective had two activities, they would be numbered 2.1, and 2.2.
9. Determine the amount of time it will take to accomplish each objective. This can be any period between the start and end date of the grant year but not exceed the grant year.
 - a. This is just the end date, not a range and should not be “continuing.”
 - b. These should line up with each objective in the table.
10. Determine the documentation needed to measure the objectives and activities to show that they were completed. This documentation may be reviewed by request of the Grant Management Unit.
 - a. The numbering of the documentation should match the objective that the documentation will support.

Determining the Difference between Goals, Objectives, and Activities

Goal: The object of the agency's ambition or effort; and aim or desired result. This is a very broad statement on what your agency plans to do with this funding. It should establish the big picture and include the target population and what benefits/assistance they will receive.

Objective: A concrete, measurable milestone on the way to achieving the goal they relate to.

Activity: Things that happen or are being done to accomplish the objective they relate to.

Documentation: Material that provides official information or evidence or serves as a record of the activities and objectives being completed.

EXAMPLE:

Scope of Work Table- SFY23

Crater Lake Victim Advocacy, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Crater Lake Victim Advocacy

Goal 1: Assist victims in becoming self-sufficient.

<u>Target Number</u>	<u>Objectives</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed for Measurement</u>
1. 50	1. Provide advocacy to 50 victims	1.1 Operate hotline 1.2 Crisis intervention 1.3 Safety planning 1.4 Basic needs assessment	1. 6/30/23	1. Electronic records system with ability to track victims who received advocacy services.
2. 50	2. Provide education on criminal justice process to 50 victims	2.1 VOCA compensation education 2.2 Temporary Protection Order (TPO) education 2.3 Legal resources education and referral	2. 6/30/23	2. Case notes documenting information provided and referrals made
3. 52	3. Provide weekly life skills classes for victims.	3.1 Parenting classes 3.2 Budgeting/debt management classes 3.3 Employment readiness classes	3. 6/30/23	3. Group sign-in sheets

Goal 2: Assist victims improve mental health related to victimization.

<u>Target Number</u>	<u>Objectives</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed for Measurement</u>
1. 10	1. Provide mental health counseling to 10 victims	1.1 Psychiatric evaluation 1.2 Crisis intervention 1.3 Counseling sessions	1. 6/30/23	1. Paper counseling charts with case notes documenting counseling services provided.
2. 30	2. Provide case management to 30 victims	2.1 Complete Social history 2.2 Case plans 2.3 Referrals and Follow-up	2. 6/30/23	2. Electronic records system tracking number of victims enrolled in case management services

Scope of Work (SOW) Table

Subrecipient's name, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Subrecipient name

Goal 1: Describe the primary goal the program wishes to accomplish with this subaward.

<u>Target Number</u>	<u>Objectives</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed for Measurement</u>
1. Total number, not percentage, of victims, training, or classes you hope to achieve in your objective 1. 2. Total number, not percentage, of victims, training, or classes you hope to achieve in your objective 2.	1. These are specific objectives that need to be made to achieve the Goal. These need to be measurable. 2.	1.1 These are the activities that can or need to be accomplished to achieve the Objectives 2.1	1. 2.	1. What documentation do you have to show this objective was accomplished? How will you measure the information to show the objective is being met? 2.

Goal 2: Describe the secondary goal the program wishes to accomplish with this subaward.

<u>Target Number</u>	<u>Objectives</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed for Measurement</u>
1.	1.	1.1	1.	1.
2.	2.	2.1	2.	2.

Note: This document should not contain any red text when completed.

Note to Preparer: Add lines to the table as applicable to accomplish all the goals of this subaward. Line up activities, Target Number, documentation, and measurements as best as possible for easier analysis.

Budget

Proposed Project Budget

Category	Amount Requested (\$) Traditional	Amount Requested (\$) Innovative	Total Requested (\$)
Personnel			
Travel/Training			
Operating			
Equipment			
Contractual/Consultant			
Other			
Indirect			
Total Funding Requested (\$)			

Remember to also submit your completed SFY23 Budget Narrative Template.