STATE OF NEW JERSEY

DEPARTMENT OF LAW AND PUBLIC SAFETY

DIVISION OF CRIMINAL JUSTICE

**FFY 2016**

**VICTIMS OF CRIME ACT (VOCA)**

**GRANT PROGRAM**

****

**DOCUMENTS TO BE RETURNED**



SUMMER 2017

STATE OF NEW JERSEY

DEPARTMENT OF LAW AND PUBLIC SAFETY

DIVISION OF CRIMINAL JUSTICE

**FFY 2016**

**Victims of Crime Act (VOCA) Grant Program**

**APPLICATION CHECK LIST**

***Instructions*:**

**The Application Check List is a guide to submit a completed application.**

* Return one (1) application with original signatures and three (3) copies.
* The below items must be submitted with the application.
* Do not staple the application.
* Only complete applications will be considered.

***Application Content and Forms to be Completed and Returned:***

* Application Overview – Form Included
* Project Proposal
	+ ***Agency Background, Mission, Experience and Capability*** – Provided by Applicant
	+ ***Problem Statement/Needs Assessment –*** Provided by Applicant
	+ ***Project Description, including Goals, Objectives, and Work Plan (Action Strategy)*** – Provided by Applicant
	+ ***Partnership, Collaboration or Coordination of Services*** – Provided by Applicant
		- Letters of Support **(At least three (3) project specific letters)**
	+ ***Project Management and Staff*** – Provided by Applicant
		- Job Descriptions **(for any position to be funded under this budget)**
		- Current Resumes **(staff currently employed and funded under this budget)**
	+ ***Data Collection/Performance Measures/Evaluation*** – Provided by Applicant
* Project Work Plan – Form Included
* Budget Detail Form – Form Included
* Budget Narrative (describing each category of the budget listed on Budget Detail Form) – Provided by Applicant
* Sources of Funds – Form Included
* Match Waiver Request Justification Letter – Provided by Applicant, if applicable
* Application Authorization – Form Included
* Accounting System and Financial Capability Questionnaire – Form Included
* Federal Single Audit Requirements Certification – Form Included
* Proof of Compliance Federal Single Audit Requirements – Provided by Applicant
* Indirect Cost Rate Fact Sheet - Form Included (for informational purposes only)
* Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements – Form Included
* Department of Law & Public Safety Debarment and Suspension Certification – Form Included
* Proof of SAM Registration **–** Provided by Applicant

**Additional forms provided by nonprofit applicants:**

* Proof of Nonprofit status
* New Jersey Charitable Registration
* Applicable Licenses, Certifications and Permits

**NOTE: ONLY COMPLETE APPLICATIONS CAN BE PROCESSED. ABOVE ITEMS MUST BE SUBMITTED WITH THE APPLICATION.**

**APPLICATION OVERVIEW**

**AGENCY-SPECIFIC INFORMATION**

**Official Name of Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive/Agency Director:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Agency:** ☐ State ☐ County ☐ Municipality ☐ Nonprofit

**Address:**

**City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code +4: \_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County/Counties Served by your Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID Number: \_\_\_\_\_\_\_\_\_\_\_\_ Fiscal Year Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Nonprofits only:**

Charitable Registration Number (If nonprofit & not exempt):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Jersey Business Registration Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have there been any findings filed against the agency in regard to its charitable status?

 □ Yes □ No If yes, please explain on a separate sheet

**Lead Agency Status**

Has your Agency been designated by the Department of Children and Families, Division on Women, as the Lead Sexual Assault Agency in your County? □ Yes □ No

Has your Agency been designated by the Department of Children and Families, Division on Women, as the Lead Domestic Violence Agency in your County? □ Yes □ No

**PROJECT-SPECIFIC INFORMATION**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Project:** □ New □ Continuing □ Expansion

**Amount Requested:** $\_\_\_\_\_\_\_\_\_Federal $\_\_\_\_\_\_\_\_\_Match $\_\_\_\_\_\_\_\_\_Total

**This Project Provides:**

 □ Direct Services □ Legal Services □ Training □ Outreach Services

 □ Other (Please Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Geographic Area(s) to be Served:** Indicate the service area of this project by county or municipality name(s). Write statewide if all counties in New Jersey will be served by this project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Crime Victim(s) to be Served:** □ Homicide Survivors □ Stalking □ DUI/DWI

 □ Sexual Assault □ Dating Violence □ Child Abuse/Neglect

 □ Human Trafficking □ Domestic Violence □ Elder Abuse

**Population(s) to be Served**: Indicate whether this project is serving a special or underserved population of victims. (e.g. Latino/a, African American, Asian-American, Disabled, Elderly, LGBTQ, Immigrant, etc.).

 □ Yes, indicate population: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ No

**One Paragraph Description of your Project:**

**Core Services**

Indicate if your agency provides the following services/programs to crime victims:

□ Emergency/crisis response □ Long term counseling

□ Criminal Justice advocacy □ Short term counseling

□ Legal advocacy □ Support groups

□ Courtroom advocacy □ Victim outreach

□ Housing advocacy □ Community Education

□ Financial advocacy □ Hotline

□ Legal services □ Emergency financial assistance

□ In-person information/referral □ Telephone information/referral

□ Economic development/networking services

□ Services for the children of victims (e.g., babysitting, recreation, etc.)

□ Shelter – If checked, indicate the number of beds available: \_\_\_\_\_\_\_\_\_\_\_\_

□ Transitional Housing – If checked, indicate the number of family housing units: \_\_\_\_\_\_\_\_\_\_

Indicate if your agency has programs for the following types of crime victims:

□ DUI/DWI □ Homicide Survivors □ Stalking

□ Child Abuse/Neglect □ Sexual Assault □ Dating Violence

□ Elder Abuse □ Human Trafficking □ Domestic Violence

**AGENCY-CONTACT INFORMATION**

**Core Staff**

|  |
| --- |
| **Project Director, Name/Title**: |
| Street Address, City, State, Zip Code +4 (if different from above) |
| Telephone: | Ext. | Email: | Fax: |
|  |
| **Main Point of Contact, Name/Title**: |
| Street Address, City, State, Zip Code +4 (if different from above) |
| Telephone: | Ext. | Email: | Fax: |
|  |
| **Fiscal Contact, Name/Title**: |
| Street Address, City, State, Zip Code +4 (if different from above) |
| Telephone: | Ext. | Email: | Fax: |

**Project Work Plan**

FFY 2016 Victims of Crime Act (VOCA) Grant Program

**Applicant and Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Objective** | **Activity** | **Projected Start-up & Completion Dates****(Do not use on-going)** | **Person Responsible** |
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**SOURCES OF FUNDS**

List **ALL** sources of funds received by the agency during the past State fiscal year (July 1 thru June 30). On the bottom of the form, list all funds received from the Division of Criminal Justice (e.g. VAWA grants) in the past three years.

|  |  |  |
| --- | --- | --- |
| **Federal Sources (Include Names)** | **Date of Award** | **Amount** |
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| --- | --- | --- |
| **State Sources (Include Names)** | **Date of Award** | **Amount** |
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| --- | --- |
| **County Sources** | **$** |
| **Local and Other Sources** | **$** |
| **Total of All Sources of Funds** | **$** |
| **Indicate the percentage of funds used to support this project:** | **%** |

**Division of Criminal Justice Funding**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Award** | **Grant Number** | **Project Title** | **Amount** |
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STATE OF NEW JERSEY

DEPARTMENT OF LAW AND PUBLIC SAFETY

DIVISION OF CRIMINAL JUSTICE

**APPLICATION AUTHORIZATION**

 Authorization to submit a grant application to the Department of Law and Public Safety, Division of Criminal Justice (“Division”) for a project entitled:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for a federal subaward in the approximate amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with the Applicant

providing a match of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable), for an approximate total project cost of

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This application consists of the following additional attachments for all applicants:

* Application Overview
* Project Proposal
* Project Work Plan
* Budget Detail Form
* Budget Narrative
* Sources of Funds Form
* Accounting System and Financial Capability Questionnaire
* Federal Single Audit Requirements Certification
* Proof of Compliance Federal Single Audit Requirements
* Indirect Cost Rate Agreement (if applicable)
* Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements
* Department of Law & Public Safety Debarment and Suspension Certification
* Proof of SAM Registration

 The undersigned understands that the Division will rely upon the following statements to provide these subaward funds:

1. The Project Director has reviewed the contents of the application, believes it is accurate, and certifies that the factual statements and data set forth in the application and attachments are true to the best of his or her knowledge and belief.
2. The Project Director has reviewed and is familiar with all statutory and regulatory requirements regarding the use of the funds being provided to undertake grant programs and activities; has sought and obtained legal advice from the Applicant’s legal counsel as considered appropriate or necessary, and will be responsible for undertaking the programs and activities described in the application.
3. The duly Authorized Official of the Applicant will ensure that the Applicant will use these subaward funds to carry out the project and activities specifically described in the application.
4. The duly Authorized Official of the Applicant is responsible for authorizing expenditures and disbursements of subaward funds.
5. The duly Authorized Official of the Applicant will ensure that the Applicant complies with all federal, state and municipal laws, statutes, regulations, circulars, policies, or codes regarding the use of these subaward funds.
6. The duly Authorized Official of the Applicant and the Project Director acknowledge that a false statement in this certification may be subject to criminal prosecution, including under 18 U.S.C. §1001.
7. The duly Authorized Official of the Applicant and the Project Director acknowledge that Office of Justice Program (OJP) grants, including certifications provided in connection with such grants, are subject to review by OJP and/or by the Department of Justice’s Office of the Inspector General.
8. The duly Authorized Official of the Applicant and the Project Director certify that the foregoing statements are true, and that if any of the foregoing statements made are willfully false, we will be subject to punishment.

 As the duly Authorized Official of the Applicant-Subrecipient and as the Project Director, we hereby certify that the Applicant-Subrecipient will comply with the above-referenced provisions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Applicant Subaward #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official Title (County Executive, County

 Manager, County Supervisor, County

 Board President) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Authorized Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Project Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Project Director Date