



Arizona Department of Public Safety
Victims of Crime Act (VOCA) Administration
Arizona System for Administering Grants Effectively (SAGE)

<http://sage.azdps.gov>

SAGE Show Help Instructions

TABLE OF CONTENTS

MY HOME	3
MY ORGANIZATION	3
APPLICATION FORM INSTRUCTIONS	5
APPLICANT ELIGIBILITY FORM.....	5
APPLICANT SUMMARY FORM.....	6
SERVICES AND VICTIM POPULATION FORM.....	7
AGENCY INFORMATION FORM	8
PROJECT INFORMATION FORM.....	9
PERFORMANCE MEASURES FORM	10
PERSONNEL FORM	12
VOLUNTEERS FORM	13
CONTRACTUAL SERVICES FORM.....	14
APPLICATION UPLOADS FORM.....	15
MILEAGE & TRAINING FORM	16
CAPITAL EQUIPMENT FORM	17
OTHER EXPENSES FORM	18
MATCH FORM	19
DETAILED BUDGET SUMMARY FORM.....	20
SOURCE OF FUNDING FORM.....	21
FINANCIAL, PROGRAMMATIC, AND ANNUAL REPORT INSTRUCTIONS	23
MONTHLY FINANCIAL REPORTS	23
QUARTERLY PROGRAM REPORTS.....	24
ANNUAL REPORTS.....	26

MY HOME

Initiating an Application

You must complete the organization profile before initiating an application. Only Admin Users have access to initiate and submit an application.

Agate Software Help Desk

For system related issues, contact the system help desk by phone or email.

Hours: Monday thru Friday 8am to 5pm MST

Phone: 1-866-449-1425

Email: azhelpdesk@agatesoftware.com

Training Materials

Click this hyperlink to display a list of various resources and instructional documents regarding SAGE and DPS-VOCA grant requirements.

My Organization(s)

This navigation link will direct the user to the Organization page where organization information and organization users may be updated.

My Profile

This navigation link will direct the user to their account information where they may update their username, password, and contact information.

Logout

Selecting this link will end your current session and log you out of the system.

View Available Proposals

Select the '**View Opportunities**' button to view the grant applications/open solicitations available to your organization.

My Inbox

My Inbox displays the user's system notifications. Click '**Open My Inbox**' to view system messages.

My Tasks

My Tasks displays all tasks/actions that require the user's attention, such as an application that is in progress and has not yet been submitted. Click '**Open My Tasks**' to view all actionable items.

MY ORGANIZATION

ORGANIZATION INFORMATION

All fields must be completed prior to initiating an application.

Name: Enter the official legal name of the agency. This will be the name that is listed on all applications as well as any contract(s). To update your organization name, contact a system administrator.

Short Name: Choose a 3-5 character abbreviation for the agency. The short name will be part of the ID code associated with all applications and documents related to this agency.

Federal Employer Identification Number (EIN): Enter the EIN for the agency – this is the 9-digit number assigned to the agency by the IRS for tax returns.

AZ Vendor Number: This field will be completed by DPS.

Object Code: This field will be completed by DPS.

DUNS Number: Provide the agency's Dun & Bradstreet Data Unification Numbering System (DUNS) number.

CAGE Number: Provide the agency's Commercial and Government Entity (CAGE) number.

Faith Based Organization: Indicate if the agency is a faith-based organization.

Agency Fiscal Year: Select the fiscal year period used by the agency.

Accounting Method: Select the accounting method used by the agency.

Payment Shipping Address: If the agency receives paper checks from the State, all VOCA payments will be mailed to this address.

Address: Provide the agency's address, city, state, and zip code +4. For help identifying your four-digit extension, go to the United States Postal Service website. [USPS Zip Code Search](#)

Phone: Provide the agency's main phone number.

Website: Provide the URL address for the agency.

Type: Select the organization type that most accurately describes the agency.

Subtype: Select the subtype that most accurately describes the agency. If "other", then a description is required.

ORGANIZATION MEMBERS

Select this link to view, edit, and add members to the organization. Only certain administrative roles will have the ability to add users, inactivate users, assign security roles, and edit user profiles. Contact the agency's Admin Users and/or Data Entry Users to update this information.

ORGANIZATION DOCUMENTS

This will display a list of documents that the organization has within the system. Documents will be referenced here until they meet their system archive date.

ORGANIZATION DETAILS

Select this link to complete the organization's civil rights compliance documents. Admin Users and Data Entry Users have the ability to save information on this form.

APPLICATION FORM INSTRUCTIONS

APPLICANT ELIGIBILITY FORM

Applicants must ensure eligibility prior to completing the VOCA application. Provide a response to each question.

Question 1: Certify the applicant organization is a public agency, non-profit agency, or tribal agency.

Question 2: Certify the applicant agency will demonstrate a) a record of providing effective services to victims of crime and financial support from sources other than VOCA, or b) substantial financial support from sources other than VOCA.

Question 3: Certify the applicant will provide the required matching contributions for the project.

Question 4: Certify the applicant agency will utilize volunteers.

Question 5: Certify the applicant will assist crime victims in applying for Crime Victim Compensation.

Question 6: Certify the applicant will inform victims of their legal rights and offer to connect the victim with a representative from the prosecutor's or county attorney's office if the victim so chooses.

Question 7: Certify the applicant will promote community efforts to aid crime victims.

Question 8: Certify the applicant will comply with federal and state rules regulating grants.

Question 9: Certify the applicant will maintain statutorily required data on victims served.

Question 10: Certify the applicant will provide services to federal crime victims on the same basis as to victims of crimes under State or local law.

Question 11: Certify the applicant will provide services to crime victims at no charge through the VOCA-funded project.

Question 12: Certify the applicant will not generate program income through the use of Federal VOCA or match funds.

Question 13: Certify the applicant will abide by non-disclosure of confidential or private information as required by state and federal law.

Declaration: Certify the applicant has reviewed general eligibility requirements and understands the conditions for program participation. Enter the name and title of certifying individual.

If the agency has any concerns regarding the above requirements, indicates "no" to any of the above questions, or answers "disagree" to the declaration, contact DPS-VOCA Program Administrator, Kate Lyon, at 602-223-2661.

APPLICANT SUMMARY FORM

Agency Name: The Agency Name listed should be the official legal name of the applicant agency. This field is automatically populated based on the name listed under 'My Organization'.

Agency Type and Sub-Type: These fields are automatically populated based on the type and sub-type listed under 'My Organization'.

Service Provision Address: Provide the address, city, state, and zip code for this VOCA project. If the service provision address is confidential, provide the agency's administrative address.

Year Victim Services Program Established: Provide the four-digit year of when the applicant agency's victim services program was established.

Project Title: Enter a descriptive title for this VOCA project (abbreviate where necessary). If an agency is applying for more than one VOCA-funded project, each application must have a different project-related title to identify the individual projects.

Contact Information: Provide the salutation, name, title, address, telephone number (with extension if applicable), and email address for each of the contacts listed on the Applicant Summary form. If the address for any particular contact is the same as the address listed under 'My Organization', check the 'address is the same as organization' checkbox. The address will auto-populate upon clicking 'Save'. If after completing this form, the organization address is updated under 'My Organization', this form must be re-saved to populate the new address in to the contact information fields.

Project Contact: This person will have responsibility for the day-to-day administration of the project. This will be the individual contacted by DPS to answer project questions and will receive all grant-related notices.

Project Director: The Project Director, as appointed by the applicant agency, is responsible for directing the implementation of this VOCA project and, unless someone other than the project director is identified as the project contact person, the project director will serve as the main contact with DPS for the application and subsequent agreement.

Authorizing Official: The Authorizing Official is the Agency Board President, Tribal Chief, or elected local government official, or the individual charged with the authority to sign legal agreements for the agency. The Authorizing Official must certify that the information presented in the application is correct and that the applicant agency agrees to comply with all provisions of the Victims of Crime Act, DPS-VOCA Guidelines, Office of Justice Programs (OJP) Financial Guide (current edition), Uniform Requirements for Federal Awards (Uniform Administrative Requirements, Cost Principles, and Audit Requirements), Federal assurances and certifications, agreement general and applicable special conditions, and other federal and state laws. This person will be listed as a signer on the DPS-VOCA Subgrant Award Agreement. DPS policy prohibits funded staff from serving as the Authorizing Official.

Financial Contact: The Financial Contact is responsible for ensuring fiscal accountability for federal and match funds.

Civil Rights Contact: The Civil Rights Contact is responsible for ensuring that the agency follows all civil rights and nondiscrimination laws and regulations. This person must complete the online civil rights training program offered by the Office for Civil Rights (OCR), Office of Justice Programs (OJP), Department of Justice (DOJ). Provide the date the designated individual completed the training. If

training has not yet been completed, indicate by selecting the 'training to be scheduled' radio button. If 'training to be scheduled' is selected in error, double click the radio button to unselect it.

Victim Compensation Coordinator: The Victim Compensation Coordinator must be an employee of the applicant agency and must receive Victim Compensation training provided by the local county attorney's office or the Arizona Criminal Justice Commission (ACJC). Provide the date the coordinator completed the training. If training has not yet been completed, indicate by selecting the 'training to be scheduled' radio button. If 'training to be scheduled' is selected in error, double click the radio button to unselect it.

SERVICES AND VICTIM POPULATION FORM

SERVICE IMPACT

Primary Use: Select the appropriate box or boxes to indicate the primary use(s) of this VOCA Grant.

Purpose of VOCA Grant: Select the appropriate radio button to indicate if this VOCA project is new, continuing, or expanding.

TRIBAL PROJECTS

The following projects are excluded from the match requirement: (1) Projects operated by Federally-recognized American Indian tribes; (2) Projects that operate exclusively on Federally-recognized tribal lands.

Indicate if this agency or project meets one or more of the designations identified above. The response to this question will affect subsequent screens of the application. If 'yes' is selected, match will not be required for this project. If 'no' is selected, the project must meet the 20% match requirement.

VICTIM POPULATION

Victimization Types: Indicate all victimization types to be served through **this VOCA project** by selecting the corresponding checkboxes (do not check all victimization types served by your agency). If Hate Crime, Other Violent Crime, or Other Non-Violent Crime is selected, a description is required.

Victimization Percentages: Identify the percent of proposed VOCA funds the agency anticipates allocating to each victim type served through this project. Each Victimization Type selected must have an associated percentage and the percentages must total 100%. Base the estimated percentages on the actual number of victims the agency served last year. Use only statistics relating to the proposed VOCA project (these may not be the same as the total agency-wide statistics). If this project has not been funded by VOCA previously or if it is being expanded, calculate the percentages based upon realistic projections for the specific victim population(s) the project will be serving.

SERVICES TO BE PROVIDED WITH VOCA AND MATCH FUNDS

Check the boxes that best identify the types of services or activities that will be provided by this VOCA-funded project. Note that F1 is a required service. Report only the activities that will be funded through this VOCA project. Do not report services offered by another VOCA award received by the agency or any other agency. Check all that apply.

AGENCY INFORMATION FORM

MISSION STATEMENT

Question 1: Provide the agency's mission statement. Response is limited to 500 characters.

Question 2: Provide the mission statement and/or philosophy of the agency's Victim Services Program. Response is limited to 500 characters.

AGENCY SUMMARY

Question 3: Provide a general overview of the agency; this should include how long the agency has been in existence, areas of expertise, and skills or specialized experience in serving crime victims. Response is limited to 1500 characters.

Question 4: Describe the services the victim service program currently provides to victims of crime and the method(s) of service delivery. 'Method(s) of service delivery' refers to how your agency delivers services to victims (e.g. hotline, mobile advocacy, community-based services, in-person services, etc.). Response is limited to 1500 characters.

Question 5: Provide the total number of unduplicated victims served by the victim service program during the two fiscal year periods listed.

Question 6: Of the unduplicated victims served 10/1/2018-9/30/2019 (reported in Question 5), provide a breakdown of the number of victims served by victimization type. For example: Child Sexual Abuse = 53; Domestic Violence = 429; Adult Sexual Assault = 89; Assault = 108. Response is limited to 1000 characters.

Question 7: Define any procedures the victim service program has implemented or plans to implement to a) notify victims of their rights and b) assist them in applying for benefits under the victim compensation program (Note: this is a requirement for receiving VOCA funds). Response is limited to 1500 characters.

Question 8: Describe the victim service program's victim screening/intake process. This may include how victims are referred to the program, whether or not there is a wait list, how victims are screened, and how the intake is conducted (in-person or by telephone). Response is limited to 1500 characters.

VOLUNTEER DETAIL

Question 9: It is a VOCA requirement that subrecipients utilize volunteers for their victim services program. Volunteers may include student interns. Indicate whether or not the agency utilizes volunteers. If the agency does not utilize volunteers, indicate whether or not a volunteer waiver is on file with DPS.

Question 10: Identify the activities performed by volunteers within the agency, including VOCA eligible and non-VOCA eligible activities. If the agency has a volunteer waiver in place with DPS, please indicate N/A. Response is limited to 1000 characters.

Question 11: Describe how the agency recruits, screens, trains, and supervises volunteers. Recruitment: identify how often volunteers are recruited and who recruits. Screening: describe what type of screening and interviews are conducted. Training: explain what type of training is conducted (topics and

frequency). Supervision: identify how volunteers are supervised and who supervises them. If the agency has a volunteer waiver in place with DPS, please indicate N/A. Response is limited to 1000 characters.

JURISDICTION

Question 12: Indicate the counties in which the agency provides services (select all that apply). These are the counties where the agency offers services, not where victims come from. This should include counties served by the entire agency, not just the counties served through this VOCA project. If the agency serves counties outside of Arizona, be sure to identify those counties in the description textbox.

PROJECT INFORMATION FORM

PROBLEM STATEMENT

The problem statement is the foundation upon which the rest of the application is built. It should identify the compelling conditions, problems, or issues to be addressed through this VOCA project. The problem statement must be rooted in factual information and demonstrate the impact to the community served through this project. Enough detail should be provided to convey a comprehensive understanding of the problem being addressed in this application. This section does not refer to a national problem or the internal needs of the agency such as a lack of funding; rather it refers to a community problem or need in the agency's service area. Do not describe the approach to address the need or problem.

Question 1: Identify and describe the problem(s) to be addressed with this VOCA project. Describe the nature and scope of the problem(s) as it exists in the community to be served through this project. Support the problem statement with current data such as empirical studies, local crime patterns, agency statistics, community needs assessments, etc. Cite the source and date of the information. Include the victim populations (e.g. demographics, victimization types) to be served. Items that may be related to the problem statement may also include a description of the geographic area, populations of cities in the agency's service area, poverty level, etc. Response is limited to 7000 characters.

PROJECT SUMMARY

The project summary is the agency's proposal to respond to the problem identified above and is the reviewer's first introduction to the proposal.

Question 2: Describe how this VOCA project will address the need or problem identified in the problem statement above. Include the specific services to be provided through this project. Response is limited to 2500 characters.

Question 3: Considering the goals of VOCA (Healing, Safety, Justice, and/or Economic Restabilization), describe how this project's services will impact the victim population being served. Response is limited to 2500 characters.

VICTIM SERVICES COORDINATION & COLLABORATION EFFORTS

Question 4: Describe how the agency will ensure a continuum of care for crime victims served through this project. Detail any formal agreements with community partners. For the purpose of this application, a continuum of care means assessing and identifying the needs of victims and coordinating the provision

of services to meet those needs (whether by your agency or a community partner). Response is limited to 1500 characters.

Question 5: Describe this agency's participation in victim service collaborative work groups (e.g. statewide or local task forces, coalitions, committees, forums, etc.) relevant to this project. Response is limited to 1500 characters.

Question 6: Nonprofit Agencies: Describe how collaboration with government agencies (e.g. law enforcement, prosecution, corrections, courts, etc.) will strengthen this project. Government Agencies: Describe how collaboration with nonprofit agencies (e.g. child abuse service organizations, domestic and family violence organizations, sexual assault service organizations, etc.) will strengthen this project. Response is limited to 1500 characters.

PROJECT ASSESSMENT PLAN

Question 7: Describe the specific methods or tools used to measure the impact and effectiveness of the services provided through this project. This may include, but is not limited to, assessments and/or feedback gathered from victims, community members, and collaborative partners. Response is limited to 1000 characters.

Question 8: Based on the information gathered from the tools identified in Question 7, provide a detailed explanation of how the agency will periodically review its performance toward fulfilling the goals of this project. Response is limited to 3000 characters.

PERFORMANCE MEASURES FORM

Performance measures are used to measure results and ensure accountability. Develop a comprehensive set of performance measures for the selected goal(s).

The Performance Measures section of the application includes two levels of forms. The first form is called the 'Selection' form. The applicant will indicate the project focus and project goals on the 'Selection' form. Upon clicking 'Save', an additional form will appear for each of the goals selected. Use the form dropdown menu to navigate between Performance Measure forms. Be sure to complete the 'Selection' form as well as any goal forms that are created.

SELECTION FORM

Project Focus: Identify the primary focus of this VOCA-funded project. The focus selected will determine the core measures required for the project, which will be included in the Performance Measure Detail (goal) Forms.

Agencies may select a primary focus and then add measures to support additional victim populations (e.g., Primary focus of Domestic Violence, utilizing those core measures, and also adding additional measures for Child Abuse victims).

For those projects that don't fall within these specifically identified categories, select 'other' and specify a project focus (e.g., advocacy center, emergency legal services, survivors of homicide, DUI, etc.).

Core Measures have been developed and are required for projects with a primary focus of child abuse, domestic violence, sexual assault, sexual assault hotline, or victim witness. There are no identified core

measures for projects selecting 'other' as a project focus. Agencies will need to develop measures that are appropriate for the specific project. To accomplish this, it is recommended that agencies review the required core measures for the disciplines identified and utilize and/or customize them when developing performance measures.

Project Goal(s): The primary purpose of VOCA grants has been incorporated into four goals for victim service projects. Determine which goal(s) reflect(s) the activities and services to be provided through this project. All four goals may not be necessary for each project; however, it is critical that the goal(s) selected support the scope of the project. It is recommended that the core measures be reviewed prior to selecting the goal(s) for this project. The four identified goals are Healing, Economic Restabilization, Justice, and Safety.

PERFORMANCE MEASURE DETAIL (GOAL) FORMS

Input: One required input measure is automatically included in the performance measure detail table(s) for each goal form. The input measure is useful in showing the demand for services. Project the number of victims requesting services through this project for each fiscal year of the grant period.

Outputs: One required output measure is automatically included in the performance measure detail table(s) for each goal form. The output measure is useful in showing the response to the demand identified by the input measure. Project the number of victims receiving services through this project for each fiscal year of the grant period.

Developing additional outputs related to each goal is highly encouraged. Outputs should measure the amount of product or services provided. Outputs focus on the level of activity in a project. They are useful in defining what a project produces (e.g., # of victims receiving restitution services, # of victims receiving safety planning services, # of therapy sessions provided, # of court accompaniments provided, etc.).

Outcomes: Outcomes are changes in victims' lives that occur as a result of the services provided through the project. Outcomes are changes in knowledge, behaviors, attitudes, skills, expectations, emotional status, or life circumstances that the project activities are designed to bring about in crime victims and their families. Outcomes are generally measured by utilizing feedback surveys completed by those served through the project.

Outcomes – Required: Core outcome measures have been developed for DPS-VOCA victim service providers. Core measures were identified for projects with a focus of: child abuse, domestic violence, sexual assault, sexual assault hotline, and victim witness. In the 'Outcomes-Required' section of the Performance Measure Detail table, be sure to include all required core outcomes for each goal selected. A PDF document with the required measures for each focus can be found on the 'Selection' form.

Outcomes – Other: If there are no required core outcome measures for the goal selected, or if 'other' was selected as the project focus, utilize this section to develop at least one outcome measure relevant to the goal. In addition to the required core outcome measures selected, this section may also be used to develop further outcome measures. Please refer to the following definitions when developing specific outcomes for each goal:

Healing Outcomes are defined as improvements the victims make in their emotional and physical needs that assist in regaining control of their lives.

Economic Restabilization Outcomes are defined as improvements the individual and/or family unit makes to restabilize their financial situation through victim compensation, restitution, job training and/or education.

Justice Outcomes are defined as participation in the criminal justice system to the level preferred by the victim and being treated with respect and dignity within the process. This includes reduced anxiety with the system as demonstrated by victims attending court/hearings, a victim's better understanding of the system, victims providing impact statements, victims conferring with prosecutor, etc.

Safety Outcomes are defined as understanding the need for, and how to reduce or eliminate abuse by, building self-determination free from fear of another.

Quality Measures – Required: Quality measures reflect the effectiveness in meeting victims' and stakeholders' expectations (e.g., satisfaction rating). In the 'Quality Measures-Required' section of the Performance Measure Detail table, be sure to include all required quality measures for each goal selected. A PDF document with the required measures for each focus can be found on the 'Selection' form.

Quality Measures – Other: If the "other" focus was selected, the agency must provide at least one quality measure. Additional quality measures may be developed and entered in this section of the Performance Measure Detail table.

Activities: In the Activities narrative textbox located below the Performance Measure Detail table, detail the activities that are essential to accomplishing the performance measures for this goal. Be sure to identify the positions responsible for each activity. List the VOCA eligible direct service activities/job duties performed by project staff and/or volunteers. Activities are typically reflected as outputs. Response is limited to 1500 characters.

PERSONNEL FORM

Indicate if personnel is requested for this project (VOCA or Match). If the agency is requesting personnel (VOCA or Match) for this project, select 'yes' and complete the form. If the agency is not requesting personnel (VOCA or Match) for this project, then select 'no' and proceed to the next budget form.

Identify the positions to be funded by VOCA and/or used as match on this project for each grant year. There is a separate table for each fiscal year of the grant period. To create additional rows, complete the available rows and click '**Save**'. Grey fields indicate an automatic calculation that will update upon clicking '**Save**'. A Position Description is required for each position listed; see Application Uploads form.

Position Title: Identify the VOCA-funded and/or match positions being requested for this project. Do not identify individual employees by name, only a position title is required. If requesting more than one position with the same title, make the titles unique. Examples: Therapist #1, Therapist #2, Therapist #3 or Human Trafficking Advocate, Restitution Advocate, Youth Advocate.

Total Annual Salary (FTE): Enter the Total Annual Salary for the position requested. The Total Annual Salary must reflect the salary amount for a full-time equivalent (FTE) staff member. For the purposes of VOCA, a staff member who works 2080 hours per year (excluding overtime) is considered one full-time

equivalent (FTE) employee. If the position requested is only part-time, the full-time annual salary must still be entered in order to calculate the FTE correctly. Example: when requesting \$25,000 for a part-time Victim Advocate (.50 FTE), the Total Annual Salary would be \$50,000 and the VOCA and/or Match request would total \$25,000.

The VOCA Salary amount + Match Salary amount must be less than or equal to the Total Annual Salary. If overtime is requested for a position (VOCA or Match), the Total Annual Salary must include salary *and* overtime. If a position's salary is funded by more than one source, overtime must be allocated appropriately among all funding sources.

VOCA Salary: Enter the salary amount to be funded by VOCA. If a position is to be used as Match only, enter \$0 in the VOCA Salary field.

Match Salary: Enter the salary amount to be used as match for this project. If a position is to be funded by VOCA only, enter \$0 in the Match Salary field.

FTE: The FTE for each position listed will be automatically calculated upon clicking 'Save'. The FTE calculation is based on the salary amounts entered. Verify that the FTE calculation accurately reflects the intended request.

VOCA Fringe: Enter the fringe amount to be funded by VOCA. When calculating fringe benefits, the VOCA Fringe amount cannot exceed the proportionate share of salary. For example, if the position's salary is funded 75% by VOCA and 25% by match or other funds, only 75% of the fringe benefits can be requested from VOCA. If no fringe benefits are requested to be funded by VOCA, enter \$0.

Match Fringe: Enter the fringe amount to be used as match. When calculating fringe benefits, the Match Fringe amount cannot exceed the proportionate share of salary. Example 1: If 50% of a position's salary is used as match and the remaining 50% is not project related, then only 50% of the fringe benefits can be used as match. Example 2: If 50% of a position's salary is used as match and 50% is funded by VOCA, then 100% of the fringe benefits can be used as match. If no fringe benefits are requested to be used as match, enter \$0.

Pay Type: Indicate if the position is paid hourly or salary.

Question 1 (Salary): Salary: Identify the types of pay incentives offered to employees, beyond regular pay, included in the request above (e.g. overtime pay, language premium, longevity pay, etc.). Specific amounts for each pay incentive are not required. Explain the basis for any increases or decreases in requested salary amount(s) from year to year (e.g. general pay increases, cost of living adjustments, etc.). Response is limited to 1000 characters.

Question 2 (Fringe): Fringe: List the individual fringe benefits reflected in the request above (e.g. FICA, worker's compensation, unemployment, health insurance, 401K, etc.). Include both mandated and/or voluntary benefits. Explain any anticipated changes from year to year. Specific amounts for each fringe benefit are not required. If fringe is not requested, indicate N/A. Response is limited to 1000 characters.

VOLUNTEERS FORM

Indicate if direct service volunteer time will be used as match for this project. If the agency is utilizing direct service volunteer time as match for this project, select 'yes' and complete the form. If the agency

is not utilizing direct service volunteer match for this project, then select 'no' and proceed to the next budget form.

Identify the types of direct service volunteers to be used as match on this project for each grant year. There is a separate table for each fiscal year of the grant period. To create additional rows, complete the available rows and click '**Save**'. Grey fields indicate an automatic calculation that will update upon clicking '**Save**'. A Position Description is required for each volunteer classification listed; see Application Uploads form.

Volunteer Classification: Volunteer positions must be identified by classification (not individuals). Only one volunteer classification should be created for each position type (e.g. Volunteer Advocates, Volunteer Crisis Responders, etc.).

Volunteer Hourly Rate: Enter a comparable hourly rate for each volunteer classification identified. This rate should be consistent with those rates paid for similar professional work in the labor market in which the project operates, or current minimum wage. The rate for volunteers may not exceed the hourly rate of paid staff conducting similar duties. Volunteer time used as match may only include VOCA eligible activities. FICA may be calculated in to the Volunteer Hourly Rate.

Total In-Kind Match: Enter the total in-kind amount of volunteer time that will be used as match for this VOCA project.

Total Direct Service Hours: The total number of volunteer direct service hours will be automatically calculated upon clicking '**Save**'.

Volunteer Match Narrative Textbox: Explain any increases or decreases in the volunteer hourly rate from year to year. If there are no increases or decreases, indicate N/A. Response is limited to 1000 characters.

CONTRACTUAL SERVICES FORM

Indicate if contractual services are being requested for this project (VOCA or Match). If the agency is requesting contractual services (VOCA or Match) for this project, select 'yes' and complete the form. If the agency is not requesting contractual services (VOCA or Match) for this project, then select 'no' and proceed to the next budget form.

Identify the contractual services to be funded by VOCA and/or used as match on this project for each grant year. There is a separate table for each fiscal year of the grant period. To create additional rows, complete the available rows and click '**Save**'. Grey fields indicate an automatic calculation that will update upon clicking '**Save**'. A Position Description is required for each Contractual Service listed; see Application Uploads form.

The contractual services category includes consultants such as a lawyer providing emergency legal advocacy services or a contracted therapist. Principal activities of the project may not be sub-awarded or contracted out to another organization without the approval of DPS.

Service Provided: Identify the type of contractual service requested (e.g., therapy services, support groups, attorney services, etc.). Identify unique services, not individual contractors. For example, the agency is requesting therapeutic services. The agency contracts with five different therapists to provide

this service and all five therapists are contracted at a rate of \$60 per hour. In this example, because the service and the rate of pay are consistent, only one line item would need to be entered. If the therapists are providing different types of therapy (e.g., art therapy, play therapy, equine therapy, etc.), then enter each unique service type as a separate line item.

Rate of Pay: Indicate the rate of pay for the contracted service. The federal maximum rate for consultant/contractual services is \$81.25 per hour for up to 8 hours or \$650 per day. An eight-hour day may include preparation and travel time in addition to the time required for actual performance. These limits are not discretionary. Although \$81.25 is the federal limit, this does not mean that all services should be requested at the maximum rate.

Total Hours: Enter the total number of hours dedicated to this project.

Calculated Total: The calculated total will automatically calculate upon clicking 'Save'.

VOCA Amount: Enter the dollar amount to be funded by VOCA for each service type identified. If the contractual service is to be used as match only, enter \$0. The VOCA amount + Match amount must equal the Calculated Total.

Match Amount: Enter the dollar amount to be used as cash match for each service type identified. Contractual services cannot be used as in-kind match. If the agency would like to use donated time as in-kind match, this should be requested on the Volunteers form. If the contractual service is to be funded by VOCA only, enter \$0. The VOCA amount + Match amount must equal the Calculated Total.

Total Project Amount: The Total Project Amount will automatically calculate upon clicking 'Save'. The Total Project Amount must equal the Calculated Total for each line item requested.

Contractual Services Narrative Textbox: Explain any increases or decreases in rate(s) of pay or hours devoted to the project from year to year. If there are no increases or decreases, indicate N/A. Response is limited to 1000 characters.

APPLICATION UPLOADS FORM

This form consists of four subsections: Organizational Chart, Personnel Position Description(s), Volunteer Position Description(s), and Contractor Position Description(s). Subsection requirements are dependent upon the application budget request. To attach a file, select the file from your computer and then click 'Save'. Create additional upload fields by completing the available uploads and clicking 'Save'.

Organizational Chart: All applicants must upload an organizational chart. Upload an organizational chart that includes units/departments, individual positions (including requested positions), volunteer classifications, and layers of supervision for the victim services program. If the agency does not have an organizational chart depicting this information, a template is available (hyperlinked on form).

Personnel Position Description(s): This section is required if requesting personnel as part of the VOCA project. Open the Personnel Position Description template (hyperlinked on form). Complete the template for each Position Classification identified on the Personnel form (VOCA and Match staff). If requesting multiple identical positions (e.g. Victim Advocates all performing the same duties), only one Position Description is required. Do not upload multiple identical Position Descriptions.

Volunteer Position Description(s): This section is required if utilizing volunteers as match for the VOCA project. Open the Volunteer Position Description template (hyperlinked on form). Complete the template for each Volunteer Classification identified on the Volunteers form. A Position Description must be provided for each Volunteer Classification.

Contractor Position Description(s): This section is required if requesting Contractual Services as part of the VOCA project. Open the Contractor Position Description template below (hyperlinked on form). Complete the template for each type of Contractual Service identified on the Contractual Services form. A Position Description must be provided for each Contractual Service.

MILEAGE & TRAINING FORM

MILEAGE

Indicate if mileage is being requested for this project (VOCA or Match). If the agency is requesting mileage (VOCA or Match) for this project, select 'yes' and complete the form. If the agency is not requesting mileage (VOCA or Match) for this project, then select 'no' and proceed to the next budget form.

Identify the mileage costs to be funded by VOCA and/or used as match on this project for each grant year. There is a separate table for each fiscal year of the grant period. Additional rows cannot be added on this form – all mileage should be combined in to one total mileage amount per year. Grey fields indicate an automatic calculation that will update upon clicking 'Save'.

This budget category should only include mileage costs incurred by personnel while providing direct services (e.g. transporting a victim to access services, outreach, mobile advocacy, etc.) or while traveling to collaborative meetings (e.g. task forces, MDT meetings, coalition meetings, etc.). Mileage must be calculated using the estimated number of miles x the rate set by the applicant agency or the current federal mileage rates.

VOCA Amount: Enter the dollar amount for mileage to be funded by VOCA each year. If mileage is to be used as match only, enter \$0.

Match Amount: Enter the dollar amount for mileage to be used as match each year. If mileage is to be funded by VOCA only, enter \$0.

Justification: Provide justification for the mileage request. Justification should include, but is not limited to, the following: purpose of travel, frequency of travel, need for transportation services, how project amount was determined, etc. Explain any increase or decrease from year to year. Response is limited to 2000 characters.

TRAINING COSTS

Indicate if victim service training costs are being requested for this project (VOCA or Match). If the agency is requesting training costs (VOCA or Match) for this project, select 'yes' and complete the form. If the agency is not requesting training costs (VOCA or Match) for this project, then select 'no' and proceed to the next budget form.

Identify the training costs to be funded by VOCA and/or used as match on this project for each grant year. There is a separate table for each fiscal year of the grant period. Additional rows cannot be added on this form – all training requests should be combined in to one total training amount per year. Grey fields indicate an automatic calculation that will update upon clicking **'Save'**.

This category includes costs for meals, lodging, registration fees for seminars or conferences, and associated travel costs incurred by employees or volunteers to attend trainings that improve services to victims. The agency must follow its travel policy or abide by the federal travel rates. VOCA cannot support training and related travel for non-direct service providers (e.g. Executive Directors, administrative staff, etc.).

VOCA Amount: Enter the dollar amount for victim service training to be funded by VOCA each year. If training is to be used as match only, enter \$0.

Match Amount: Enter the dollar amount for victim service training to be used as match each year. If training is to be funded by VOCA only, enter \$0.

Justification: For each year, identify the training(s) requested by title or topic, whether it is an in-state or out-of-state training, positions that will be attending, and estimated costs. Explain how each training will improve direct services to victims. Response is limited to 3000 characters.

CAPITAL EQUIPMENT FORM

Indicate if capital equipment is being requested for this project (VOCA or Match). If the agency is requesting capital equipment (VOCA or Match) for this project, select 'yes' and complete the form. If the agency is not requesting capital equipment (VOCA or Match) for this project, then select 'no' and proceed to the next budget form.

Identify the capital equipment line items to be funded by VOCA and/or used as match on this project for each grant year. There is a separate table for each fiscal year of the grant period. To create additional rows, complete the available rows and click **'Save'**. Grey fields indicate an automatic calculation that will update upon clicking **'Save'**.

The Capital Equipment category includes stationary and moveable equipment with a value of \$5,000 or more per single unit. The cost of a single unit of equipment includes the necessary accessories and installation costs. Capital equipment is a one-time purchase. Applicants should identify the piece of equipment and the year in which it will be purchased. If an item is not used exclusively for direct services to victims, the amount must be prorated.

Item: Identify the item of capital equipment requested.

Quantity: Enter the quantity requested for each line item.

Price per Unit: Enter the cost per unit for each line item requested. The price per unit must reflect the total cost of the item and cannot be less than \$5,000. If the cost of the item is less than \$5,000, then the item is not considered capital equipment and must be requested on the Other Expenses budget form. If an item is prorated or is only partially funded by this project (VOCA or Match), the price per unit must still reflect the total cost of the item.

Calculated Total: The calculated total will calculate automatically upon clicking **'Save'**.

VOCA Amount: Enter the capital equipment dollar amount to be funded by VOCA for each line item. If a capital equipment line item is to be used as match only, enter \$0. The VOCA amount + Match amount must be equal to or less than the Calculated Total. If an item is prorated, the VOCA amount + Match amount should be less than the Calculated Total, indicating that the entire cost of the item is not being charged to this project.

Match Amount: Enter the capital equipment dollar amount to be used as match for each line item. If a capital equipment line item is to be funded by VOCA only, enter \$0. The VOCA amount + Match amount must be equal to or less than the Calculated Total. If an item is prorated, the VOCA amount + Match amount should be less than the Calculated Total, indicating that the entire cost of the item is not being charged to this project.

Total Project Amount: The Total Project Amount will calculate automatically upon clicking **'Save'**.

Justification: Provide a detailed description and justify the need for each Capital Equipment item requested. Describe how the purchase of each item will assist in meeting the project goals. Explain any proration, if necessary. Response is limited to 2500 characters.

OTHER EXPENSES FORM

Indicate if other expenses are being requested for this project (VOCA or Match). If the agency is requesting other expenses (VOCA or Match) for this project, select 'yes' and complete the form. If the agency is not requesting other expenses (VOCA or Match) for this project, then select 'no' and proceed to the next form.

Identify the other expenses to be funded by VOCA and/or used as match on this project for each grant year. There is a separate table for each fiscal year of the grant period. To create additional rows, complete the available rows and click **'Save'**. Grey fields indicate an automatic calculation that will update upon clicking **'Save'**.

The budget table for each year is broken in to four subcategories: Non-Capital Equipment & Furniture, Operating Costs, Client Assistance, and Indirect Costs. Be sure each item is requested in the most appropriate subcategory.

- **Non-Capital Equipment & Furniture:** This subcategory may include items with a value less than \$5,000 per single unit (e.g. computer with accessories, office furniture, desktop printer, victim waiting room furniture, etc.). Non-capital equipment and furniture must be for direct service use only. If an item is not used exclusively for direct services to victims, the amount must be prorated.
- **Operating Costs:** This subcategory may include items such as prorated rent and utilities for direct service space, communication costs (phone, internet, and cell phones), printing, postage, office supplies, victim service membership dues, etc.
- **Client Assistance:** This subcategory includes costs such as emergency financial assistance, transitional housing costs, and relocation expenses. Refer to the DPS-VOCA Guidelines for additional detailed information and requirements related to these line items.
- **Indirect Costs:** Indirect costs may be charged using the de minimis rate of 10% of modified total direct costs (MTDC) or the agency's federally approved negotiated rate. Enter the indirect cost

amount requested in the '**VOCA Amount**' column and provide the indirect cost rate in the '**Indirect Cost Rate**' column. Indirect costs cannot be used as match.

For each line item requested, the following information is required:

- **Item:** Indicate the item being requested. The title should be descriptive.
- **VOCA Amount:** Enter the dollar amount to be funded by VOCA for each line item. If a line item is to be used as match only, enter \$0.
- **Match Amount:** Enter the dollar amount to be used as match for each line item. If a line item is to be funded by VOCA only, enter \$0.
- **Total Project Amount:** The Total Project Amount will calculate automatically upon clicking '**Save**'.

Justification: Justification is required for each line item requested. Provide the justification for each line item in the appropriate textbox.

- **Justification – Non-Capital Equipment & Furniture:** Provide a detailed description and justify the need for each Non-Capital Equipment and/or Furniture item requested. Explain the basis for any calculations used to determine the requested amount(s), including any prorating methods. This textbox will only be required if a request was made under Non-Capital Equipment & Furniture. Response is limited to 3000 characters.
- **Justification – Operating Costs:** Provide a detailed description and justify the need for each Operating Cost requested. Explain the basis for any calculations used to determine the requested amount(s), including any prorating methods. This textbox will only be required if a request was made under Operating Costs. Response is limited to 3000 characters.
- **Justification – Client Assistance:** Provide a detailed description and justify the need for each Client Assistance line item requested. Explain the basis for any calculations used to determine the requested amount(s), including any prorating methods. This textbox will only be required if a request was made under Client Assistance. Response is limited to 3000 characters.
- **Justification – Indirect Costs:** Explain the calculation method used to determine the indirect cost amount. Indicate whether the agency is using the 10% de minimis rate or if the agency has a federally negotiated indirect cost rate. This textbox will only be required if Indirect Costs were requested. Response is limited to 1000 characters.

MATCH FORM

Match Requirement: To view the match requirement for this project, refer to the Detailed Budget Summary form. If this project was identified as either operated by a Federally-recognized American Indian tribe or operating exclusively on Federally-recognized tribal lands, then the Match form will not appear because match is not required.

This form automatically populates all of the budget line items identified as match for this project. There is a match table for each year of the grant period. Grey fields indicate an automatic calculation that will update upon clicking '**Save**'.

Type: Identify cash and in-kind match line items.

Cash Match is actual cash utilized for project related costs. For example, non-federal dollars spent on a prorated portion of the rent, utilities, or salaries for direct service program personnel. Allowable cash match may only include those costs which are allowable under the DPS-VOCA guidelines. Personnel and Contractual Service match line items will be automatically labeled as cash match. If employees or outside professionals are donating time/services to the project, they should be entered as volunteers instead.

In-kind Match is the value of goods or services received or provided at no cost. For example, donated time by professionals or volunteers, equivalent value of donated office space, supplies, services, etc. Volunteer match will be automatically labeled as in-kind match.

Funding Sources: For each match line item, indicate the funding source. The funding source(s) for cash match line items should also be represented on the Source of Funding form. The source for volunteer match will be automatically labeled as 'Volunteer Hours'.

Match Waiver: The federal Office for Victims of Crime (OVC) may grant match waivers (in full or in part) if the subrecipient agency can demonstrate an extraordinary need for the match requirement to be waived. Refer to the DPS-VOCA Guidelines for additional information regarding match waiver requests to determine if the agency should request a match waiver. Indicate whether or not the agency will be requesting an OVC match waiver for this project. If requesting a match waiver, enter the requested match waiver amount.

DETAILED BUDGET SUMMARY FORM

This form provides a snapshot of the entire request for funding.

The required match amount will be calculated by SAGE as follows:

- For projects requiring match, the match requirement is calculated by dividing the total VOCA amount requested by 80%. This figure represents the total project amount. Subtract the VOCA amount requested from the total project amount to determine the match requirement.

Example:

$\$80,000$ (VOCA amount requested) / $.80 = \$100,000$ (total project amount)

$\$100,000$ (total project amount) - $\$80,000$ (VOCA amount requested) = $\$20,000$ (match requirement)

- Match is not required for projects operated by Federally-recognized American Indian tribes. Therefore, the match requirement will indicate \$0.
- Match is not required for projects operating **exclusively** on Federally-recognized tribal lands. Therefore, the match requirement will indicate \$0.

The Total Match Amount for each grant year must equal the Match Requirement for each grant year. If the Total Match Amount is less than or greater than the Match Requirement, return to the appropriate budget forms to adjust the match accordingly. The required adjustment for each grant year will be automatically calculated in the Match Overage/Shortage field. **The application will not be able to be submitted until the match requirement has been satisfied.**

SOURCE OF FUNDING FORM

The Source of Funding form is a critical part of this application and will provide a clear picture of funding for victim services within the state of Arizona.

This financial section must include funding for all victim service programs within the applicant agency, not just this proposed VOCA-funded project. In order to meet the eligibility criteria, applicants must demonstrate substantial financial support from sources other than VOCA. Additional information regarding this requirement can be found in the DPS-VOCA guidelines.

Provide the agency's total victim services budget for the two fiscal years requested; the fiscal year indicated refers to the agency's fiscal year, unless otherwise specified. Do not include funding that supports non-victim assistance services provided by the agency. List each fund source (entity) separately in the appropriate section (Federal, State, Local or Other Non-federal) and the total amount received from each source. The SAGE system will calculate budget totals at the bottom of the page. The '% of Total Budget' column will represent each funder's portion of the agency's victim services budget rounded to the nearest whole number.

VOCA Application: Enter the VOCA amount awarded for this project in the previous federal fiscal year. If this project was not previously funded by VOCA, enter \$0. The current federal fiscal year amount for this project will automatically populate based on information provided in the budget section.

Federal: List each type of federal funding received by the agency directly or passed through from another agency. The following are some examples of Federal funding sources: Department of Justice (VOCA, COPS, Byrne, STOP/Violence Against Women Act), Federal Emergency Management Agency, Health and Human Services (Rape Prevention, Family Violence), Children's Justice Act, Americorps, Housing and Urban Development, etc. For each federal funding source, identify the Catalog of Federal Domestic Assistance (CFDA) number.

If the agency received (or is applying for) funding for other VOCA projects, combine the VOCA award amounts, excluding the funds for this project, and list the combined total as 'VOCA Projects' under the Federal Funds section. The CFDA # for VOCA is 16.575.

State: List any type of funding received directly from state government sources such as the Arizona Criminal Justice Commission, Department of Economic Security, Arizona Attorney General's Office, Department of Health Services, etc.

Local: List any type of funding received from local governmental sources (county, municipal, township), local nonprofits (United Way – local chapter), local groups that raise money on the applicant's behalf, donations, and fundraising.

Other Non-Federal: List any type of funding received from non-local agencies that are not federal agencies, such as the National Center for Victims of Crime or national foundations (e.g., United Way National).

Clarifying Instructions:

- **State and local government agencies** may award Federal, State, and/or Local funds; it may be necessary to contact the state or local agency to ensure funds are appropriately identified as Federal, State, or Local. Examples may include DES funding which can be State or Federal,

Community Development Block Grants (CDBG) from a local municipality are typically Federal, etc.

- **County Attorney Victim/Witness Programs:** When reporting the agency's victim services budget, do not include the Victim Compensation funds that are provided by ACJC for the purpose of paying claims submitted by victims of crime. Because these funds are intended for victims, reporting them will artificially inflate the victim services budget. Agencies can include the administrative costs that are attributable to administering the Victim Compensation Program.
- **Restitution** received on behalf of a victim should not be included.

FINANCIAL, PROGRAMMATIC, AND ANNUAL REPORT INSTRUCTIONS

MONTHLY FINANCIAL REPORTS

Monthly Financial Reports must be submitted in chronological order. A subsequent financial report cannot be initiated until all previous financial reports have been submitted. For example, the December financial report cannot be initiated until the October and November financial reports have been submitted. Only one financial report may be completed for each month.

Admin Users have access to initiate, edit, and submit financial reports. Data Entry Users have access to edit financial reports, but do not have authority to initiate or submit.

Click the “Monthly Financial Report” link to access the Financial Report data entry form. Utilize the **Show Help** feature in that screen for specific completion instructions and requirements.

DPS Payment Process

DPS processes payments twice monthly. Once a financial report has been submitted, it will be reviewed by DPS. You will be notified if modifications are required. If no modifications are required, DPS will change the status of the financial report to “Financial Report Approved”. This means the financial report will be included in the next DPS payment processing batch. Once the financial report has been processed for payment, DPS will change the status of the financial report to “Financial Report Processed”. You should expect to receive your payment 5-10 business days from the date processed.

Monthly Financial Reports are due the 15th of each month.

Report all expenditures as WHOLE DOLLARS ONLY.

When complete, change the status to “Financial Report Submitted”.

Approved Budget: Lists the funds awarded in each of the approved categories as indicated in the DPS VOCA Subgrant Award Agreement. These categories can only be changed through an approved agreement amendment request.

VOCA Expenses - Expenditures this Period: Enter all VOCA expenditures, by category, for the report period.

Match Expenses - Expenditures this Period: Enter all match expenditures, by category, for the report period.

VOCA/Match Expenditures Rate: The VOCA Expenditures Rate is calculated as follows: Total VOCA Expenditures to Date/ Total VOCA Approved Budget. The Match Expenditures Rate is calculated as follows: Total Match Expenditures to Date/ Total Match Approved Budget.

Match expenditures should be reported at approximately the same rate as VOCA expenditures. DPS VOCA allows for a 10% match variance. For example, if the VOCA Expenditure Rate is 25%, the Match Expenditure Rate may not be less than 15%. Financial reports outside of the 10% match variance may not be approved for payment. If you are outside of the 10% match variance, contact your DPS Grant Coordinator.

Corrections: Submitted and approved financial reports cannot be corrected. Therefore, adjustments for a prior month must be made in the current month's correction column (i.e. expenditures that were over-reported or under-reported in a previous month). Corrections may be a positive or negative value.

Expenditures to Date: Reflects total expenditures reported on the current financial report and all previously submitted financial reports.

Remaining Balance: Reflects the amounts remaining in each budget category.

Text Box 1 – General Comments: A response is not required. However, you may choose to provide comments regarding the expenditures reported.

Text Box 2 – Corrections Comments: An explanation must be provided for each correction listed. Specify the month(s) the correction applies to and the reason for the correction(s). If no corrections are identified, leave this field blank.

Supporting Documentation – Client Assistance: If expenditures are reported in the client assistance category, you must complete the required client assistance template and upload the completed document to the financial report.

Supporting Documentation – Client Assistance Receipts and/ or Other Backup Documentation (if required): If expenditures are reported in the client assistance category, you must also upload receipts for each expenditure as identified in the client assistance template.

Additionally, if DPS requires backup information for any other expenditure reported, you must upload the required documentation. If you are not reporting client assistance expenditures and if your DPS Grant Coordinator has not required you to provide any other backup information, no uploads are required.

Certification: An authorized representative of the organization must certify the accuracy of the financial report prior to submission.

For DPS Use Only Textbox: Your DPS Grant Coordinator may provide additional comments regarding the financial report once submitted. If the financial report requires modifications, your DPS Grant Coordinator will describe them here and send the financial report back for modifications.

QUARTERLY PROGRAM REPORTS

Program reports are to be submitted to DPS no later than 30 days following the end of the quarter.

The program report in SAGE consists of a narrative section and performance measure data as written in the DPS VOCA application.

Victimization types, demographics, and direct service statistics must be entered directly in to the Federal Office for Victims of Crime Performance Measure Tool system ([OVC PMT](#)). For OVC PMT technical assistance, contact the Help Desk at ovcpmt@usdoj.gov or call 1-844-884-2503.

Quarterly Program Report: Narrative

Percent of Victims Served by DPS VOCA/Match Funds: Indicate the manner in which statistical information is collected. If an agency is able to identify 100% of victims served with only DPS VOCA and matching funds, indicate by checking the appropriate box. If an agency is unable to clearly identify victims served with only DPS VOCA and matching funds, statistics must be prorated. Indicate by checking the appropriate box and provide the percentage used.

If statistics are prorated, the percentage must represent victims served by the VOCA and Match portion of the program's total direct victim service staff (FTEs). For example: the statistical data retrieved from the agency's case management system represents services provided by 10.0 direct service FTE within the program. Of the 10.0 FTE, VOCA supports 3.0 FTE and 1.5 FTE is used as match. In total, 4.5 FTE are project-related. Therefore, the agency would prorate the statistics at 45%. Please contact your DPS-VOCA Grant Coordinator to determine the best proration method for your agency's statistics.

Narrative – Programmatic Status: If the project is programmatically on schedule, indicate by checking the box provided; a narrative response is not required. If the project is not on schedule, do not check the box. Explain why the project is not on schedule in the textbox provided.

Narrative – Financial Status: If the project is financially on schedule, indicate by checking the box provided; a narrative response is not required. If the project is not on schedule, do not check the box and provide an explanation in the textbox. Upon the discovery of excess funding, subrecipients are required to notify DPS of the projected surplus and a utilization plan. If an agency would like to utilize funds in a category other than those currently approved, an Amendment Request must be completed.

Volunteers: Indicate the total number of volunteers, the total number of volunteer hours used towards match (if any), and the total number of volunteer hours for the quarter as related to this project. Agencies may only report volunteer hours used towards match if volunteers are an approved match line item in the application budget. If reporting volunteer match hours, the number of hours reported should reflect the volunteer value reported on the financial reports for the respective quarter.

Quarterly Program Report: Performance Measures

The Input, Output(s), Outcome(s), Quality Measures and Activities have been carried forward from the original application for each goal.

For this quarter, indicate the necessary data required for each measure.

In the text box at the bottom of the table, provide a narrative description of the activities performed in the quarter in relation to the Performance Measure goal. Provide any additional

comments regarding measures that may be of concern.

Performance Measures may only be modified through an Amendment Request.

ANNUAL REPORTS

Annual Crime Victim Assistance Survey

This survey is designed to identify gaps in services and underserved crime victim populations in Arizona.

Service Elements: Identify the availability of services in your geographic area, VOCA funded or otherwise, by checking the most appropriate response listed under Box # 1 (Always Available or Usually Available) or under Box # 2 (Rarely Available or Unavailable). If Rarely Available or Unavailable is checked under Box #2, also identify whether that service is greatly needed, somewhat needed, or not needed under Box #3.

Service definitions (**FOR THIS SURVEY ONLY**) are as follows:

1. **Crisis Counseling** is defined as in-person crisis intervention, emotional support, and guidance and counseling on an individual basis provided by advocates, counselors, mental health professionals or peers. Such counseling may occur: a) at the scene of a crime; b) immediately after a crime; c) at the first, in-person contact between direct service staff (or volunteer) and victim (this would include meeting the victim in an emergency room, at a police station, or at a prosecuting attorney's office, etc.); d) during in-person contact for the duration of the crisis experience; or e) in the case of survivors of homicide victims or DUI/DWI, crisis counseling may occur months after the victimization. Safety Planning and Lethality Assessments that are conducted in any of the above settings / situations should be considered a part of Crisis Counseling.
2. **On-scene Crisis Intervention** is defined as emotional support, guidance and counseling provided by advocates, counselors, mental health professionals or peers to victims at the scene of the crime.
3. **Follow-up Contact** is defined as in-person contacts, telephone contacts and written communication with the victims to offer individual emotional support, provide empathetic listening, check on victim's progress and offer guidance for other-than-crisis reactions after the victimization.
4. **Therapy** is defined as intensive professional psychological and/or psychiatric treatment for individuals, couples, and family members related to counseling, to provide emotional support in crisis arising from the occurrence of crime. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.
5. **Group Treatment/Support** is defined as the coordination and provision of supportive group activities. This includes self-help, peer, social support, drop-in groups, and community crisis intervention in a group setting.
6. **Crisis Counseling via phone/hotline** is defined as telephone contact to provide crisis counseling after a victimization.

7. **Shelter/Safe House** is defined as short-term and long-term housing and related support services provided to victims and non-offending members of their family following a victimization.
8. **Information, Referral, and Connection** is defined as in-person contacts with the victim, identifying services offered and support available by network and other community agencies, and/or completing linkage (actual personal or telephonic introduction) of a victim to other continuum service providers.
9. **Interpreter/Sign Language** is defined as providing sign language, verbal or other means of translation assistance to victims of crime.
10. **Criminal Justice Support/Advocacy** is defined as support, assistance and advocacy provided to crime victims at any stage of the criminal justice process. Included in this definition are: court related support, i.e. court orientation, court escort, case status and disposition information, victim impact statements, transportation for legal proceedings, child care while participating in legal proceedings, property return, and post-sentencing services and support following the disposition of a criminal court proceeding.
11. **Emergency Financial Assistance** is defined as funds for safety or security measures (replacement of locks, and temporary repair of doors and windows to prevent immediate revictimization), and payment for taxis, buses, food, shelter and clothing.
12. **Emergency Legal Advocacy** is defined as assisting victims in filing temporary restraining orders (injunctions and other protective orders), and elder or child abuse petitions. This does not include criminal prosecution or the employment of private attorneys for non-emergency legal representation purposes such as custody disputes, civil suits, civil restitution recovery efforts, and divorce actions.
13. **Assistance in Filing Compensation Claims** is defined as making victims aware of the availability of crime victim compensation and/or assisting the victim in completing the required forms and in gathering the needed documentation. It may also include follow-up contact with the victim compensation agency on behalf of the victim.
14. **Personal Advocacy** is defined as assisting victims in securing rights, remedies, and services from other agencies, locating financial support, intervening with employers, creditors and others on behalf of the victim; assistance with filing for losses covered by public and private insurance programs including workman's compensation, unemployment benefits, welfare, Medicare, etc., and accompanying the victim to the hospital. This includes case management services, domestic violence education, assistance with safety planning, life skills, translation, transportation for other than legal proceedings, child care (for reasons other than participation in criminal justice proceedings), job search, education assistance, assistance with immigration issues (if not criminal justice related).
15. **Outreach** is defined as presentations in schools, community centers, or other public forums when the primary purpose is to identify crime victims and provide or refer them to needed services. Related presentation materials, brochures, and newspaper notices, used to identify victims, are also included.
16. **Restitution Advocacy** is defined as advocating on behalf of a victim to make the offender financially responsible for damages suffered due to the victimization.
17. **Victim Rights Advocacy** is defined as assisting the victim in understanding and asserting their legal rights.

Identify any other gaps in services that exist in your area in the narrative box provided.

Victim Populations: Place a check mark next to any victim population you feel is currently underserved in your service area. Mark all that apply. If "Other" is selected, list the underserved populations in the corresponding narrative box.

Counties: Check the corresponding box for each county(ies) in your agency's service area. This should only include the county(ies) in which your agency has operations or facilities to provide services. Check the Tribal/Reservation Only box if your service area is strictly limited to tribal lands.

Agency Type and Sub-Type: These fields are automatically filled in based on the agency profile.

Annual Narrative Report

Narrative responses should relate to the DPS VOCA funded project (VOCA and match funds) and the respective grant period.

Each response should address the specific area/activity outlined. "N/A" is not an appropriate response.

Anecdotal information should include compelling case summary(ies) highlighting exemplary assistance provided by the agency through the VOCA funded project.

Avoid using any information that may identify a specific victim, as this report will be available to the public.