

## Homicide/Other Violent Crime Programs (HP/OVC) Application Webinar

By Donna Phillips



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## Letter of Intent

- ▶ Letter of Intent Due **by** December 15, 2015
  - On Your Agency Letterhead
    - Type of Service for which your agency is Applying:
      - Culturally-Specific Domestic Abuse Comprehensive (CS-DAC)
      - Culturally-Specific Sexual Abuse Comprehensive (CS-SAC)
      - Domestic Abuse Comprehensive (DAC)
      - Sexual Abuse Comprehensive (SAC)
      - Homicide/Other Violent Crime Services (HP/OVC)
    - Region, Zone or Service Area Identified.
    - Signed by Director or Board Chair
    - Must register in IowaGrant.Gov on or before Dec. 15<sup>th</sup>
  - Email letter to Natalie Scarpino at [Natalie.Scarpino@iowa.gov](mailto:Natalie.Scarpino@iowa.gov) or fax it to Natalie Scarpino's attention at 1-515-281-8199



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## Application Cycle

- ▶ Applications Due:
  - By 4:30 pm on January 22, 2016
  - In IowaGrants.Gov
  - Hard copy applications will not be excepted in place of online application unless otherwise directed by VSS Administrator or CVAD Director
- ▶ Application Review Committee
  - Meet March 15,16 & 17, 2016
  - Victim Services Support Program (VSS) Staff,
  - CVAD Director
  - CVAD Division Accountant
  - Team of volunteer reviewers



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## Application Cycle

- ▶ Funding/Award Recommendations to Crime Victim Assistance Board April 15, 2016
- ▶ Award/Denial Letters Sent to All Applicants on April 21, 2016
- ▶ Appeals Due on May 5, 2016 to CVAD Director
- ▶ CVA Board Hears Appeals on June 3, 2016
- ▶ Final Contracts via IowaGrants.Gov by July 1<sup>st</sup>

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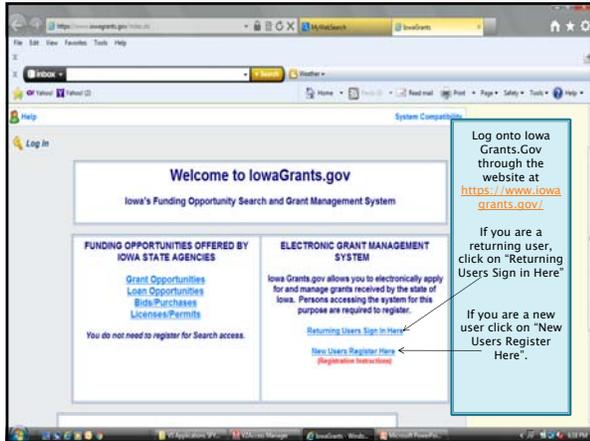
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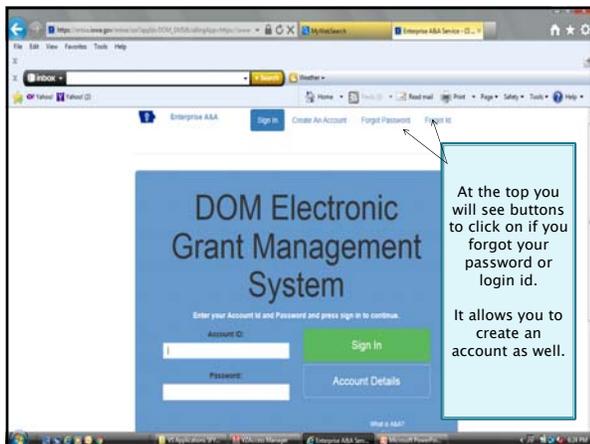
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### Agency Information

- ▶ Describe Your Agency
  - Mission Statement
  - Core demographics your agency is currently serving
  - Location of Services
  - Types of Services & Collaborations

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### Narrative Section

- Describe what your plan for services consists of from start to finish including after care services.
- Include when and how is your program is called in?
- What services does your program offer?
- How are victims notified of services?
- What are the goals for your program?

Answer all the questions.  
Be concise in your answers

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### Narrative Section

- ▶ Describe new and/or existing community collaborations to accomplish the project goal(s) stated in question #1 throughout your service area.

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## Narrative Section

- ▶ Volunteer Table
  - Provide the number of volunteers
  - County of the volunteers
  - Brief description of the use of the volunteers

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## Outcome & Measurables

- Question #1:**  
How are you going to measure the success of the program?
- Question #2:**  
Explain the method for measuring the success.
  - Be detailed & concise.

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## Justification

- Question #1:**  
How is your program going to improve or strengthen services to crime victims/survivors?
- Question #2:**  
Why are you the best agency to accomplish this project?

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## Attachments

- ▶ Job Descriptions
- ▶ Table of Organization
- ▶ Certified Assurances
- ▶ Total Program Budget

### On File with CVAD:

- ▶ Articles of Incorporation (if applicable)
- ▶ Any Insurance Coverage the applicant carries for liability or property.
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## New Budget Request Section

- ▶ Updated Categories
  - Payroll #1
  - Payroll #2
  - Benefits for Payroll #1
  - Benefits for Payroll #2
  - Training
  - Travel
  - Contractual Services
  - Equipment
  - Repairs & Maintenance
  - Rent
  - Utilities
  - Communications
  - Advertising
  - Supplies
  - Insurance
  - Other Direct
  - Client Assistance
  - Indirect Costs Percentage

Detailed Budget!!!

Applying for 1 Contract

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## Applying for 1 Contract

- ▶ We will Provide a Breakdown of Funding by Region
  - Based on Current Awards/Contracts
- ▶ We will determine how much of your funds are from each funding source.
- ▶ Match –
  - 20% of Complete Program Budget or 25% of Request
  - Victims of Crime Act (VA)
  - Family Violence Prevention & Services Act (FV)
- ▶ In Budget Justification – Explain Source of Match and how you are matching on the funds by expense.

Contract – Only 1 for each Type of Service

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### Insurance, Other Direct, Client Assistance Sections

Item Description	Unit Price	Total Other Direct Costs	Total Requested Amount	Match Amount
			\$0.00	\$0.00

Item Description	County	Total Client Assistance Costs	Total Requested Amount	Match Amount
			\$0.00	\$0.00

Item Description	County	Total Indirect Costs	Total Requested Amount	Match Amount
			\$0.00	\$0.00

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### Indirect Costs Section

Item Description	County	Total Indirect Costs	Total Requested Amount	Match Amount
			\$0.00	\$0.00

Item Description	County	Total Client Assistance Costs	Total Requested Amount	Match Amount
			\$0.00	\$0.00

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### Budget Section & Application Done

- ▶ Double Check Figures
- ▶ Click Mark As Complete
- ▶ When All Sections are Complete Click "Submit"
- ▶ Once you hit submit, you no longer will be able to edit the information.
- ▶ You will get a message on your screen that you have submitted your application.

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## Questions?

Donna Phillips  
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Email: [donna.phillips@iowa.gov](mailto:donna.phillips@iowa.gov)

Shirley Davis  
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Natalie Scarpino  
Phone: 1-515-281-7215  
Email: [Natalie.Scarpino@iowa.gov](mailto:Natalie.Scarpino@iowa.gov)

Luana Nelson-Brown (after 12/15)  
Phone: 1-515-242-6112  
Email: [Luana.Nelson-Brown@iowa.gov](mailto:Luana.Nelson-Brown@iowa.gov)

Victim Services Support Staff Contact

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