



**DAVE YOST**  
OHIO ATTORNEY GENERAL

Crime Victims Services

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# Crime Victim Services

## VOCA/SVAA Online Grant Application User Manual



1. Signing In
  - A. Creating an Account
  - B. Welcome Screen
2. Your Organization
  - A. Create a New Organization
  - B. Organization/New
    - i. General Information
    - ii. Document Uploads
  - C. Organization/Edit
    - i. Organization/Agency Basic Information
    - ii. Organization/Agency Contact Information
    - iii. Document Uploads
    - iv. Organization Overview
3. Your Requests
  - A. Your Request/View
  - B. Your Request/Project Details
    - i. Project Overview
    - ii. Fiscal Officer of Project
    - iii. Counties Served
    - iv. Priority Crime Categories and Underserved Victims
  - C. Program Service Summary
    - i. Coordinated Services Information
  - D. Your Request/Narrative
    - i. Project Description
    - ii. Demographic Information
    - iii. Demographic Profile – Service Area
    - iv. Project Budget
    - v. Budget Narrative
    - vi. Budget Computation
  - E. View Budget Computation
  - F. Your Requests/Uploads
    - i. Non-Profit Organizations only
    - ii. Program Level Documentation
    - iii. Additional Documentation
  - G. Your Request/View
  - H. Guidelines
    - i. Guidelines
    - ii. Certifications
    - iii. Assurances
    - iv. Electronic Signatures
  - I. Your Request/View
4. Your Awards/Reports
  - A. Award Acceptance
  - B. Award Activation
  - C. Submitting Financial Reports
  - D. Historical Financial Reports
5. Your Payments
  - A. List View
  - B. Detail View
6. Appendix A

# 1. Signing In

## A. Creating an account

Email Address

Password

Confirm Password\*

Password must be at least 6 characters long.

Job Title

First Name

Last Name

- To create an account:
  - Select the green registration button
  - Enter E-mail address
  - Create a password
    - Password must be 6 Characters long
  - Enter your Job Title
  - Enter first and last name
  - Submit
- You do not need to create an account for each grant year. Future grant applications will be submitted through the same account. If you have staff turnover and need ownership of the account transferred, please contact your Grant Specialist for assistance

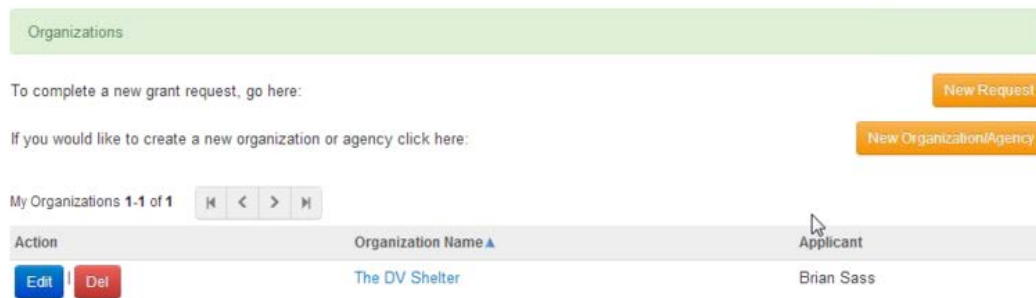
B. Welcome Screen



- In the left hand column, select the “Your Profile” option
- Look through your profile and verify the information is correct
- You may start the application by selecting the “Your Organization” option in the same left hand column

## 2. Your Organization/Agency

### Your Organization/Agency



A. Create a new organization

- Select “New Organization/County” to begin the application for your organization
  - To start a submission for a program already existing in the system, select “New Request”

B. Organization/New

## Organization | New

All Organizations

|                          |  |
|--------------------------|--|
| Organization/Agency Name | <input type="text"/>                             |
| Tax ID *                 | <input type="text"/>                             |
|                          | Format: ##-####-####                             |
| 501(c)(3)?*              | <input type="text" value="-- Please select --"/> |
| Type of Application*     | <input type="text" value="-- Please select --"/> |

Save and Continue

i. General Information

- Enter the name of the organization that the award would officially be made out to
- Enter your organization Tax ID
- Enter 501(c)(3) status – Answer yes or no
- Select if you are applying for SVAA, VOCA, or both
  - Even if your organization is applying for both VOCA and SVAA funds, only one application is needed

Select\*

The red bar indicates a required field. You will be unable to continue with the application until this field has been completed

## ii. Document Uploads

**VOCA/SVAA**  
The following fields are only for applicants who will be filling out an SVAA/VOCA grant only.

|   |   |
|---|---|
| Articles of Incorporation and Amendments  | <input type="button" value="Choose File"/> No file chosen<br><small>(2048 KB max)</small> |
| IRS Determination Letter  | <input type="button" value="Choose File"/> No file chosen<br><small>(2048 KB max)</small> |
| 2012 Tax Return or Proof of Extension   | <input type="button" value="Choose File"/> No file chosen<br><small>(2048 KB max)</small> |
| Certificate of Good Standing  | <input type="button" value="Choose File"/> No file chosen<br><small>(2048 KB max)</small> |
| AGO Charitable Proof of Good Standing   | <input type="button" value="Choose File"/> No file chosen<br><small>(2048 KB max)</small> |
| To verify your AGO Charitable Proof of Good Standing, please click <a href="#">here</a> |   |
| Minutes from Last Two Board Meetings  | <input type="button" value="Choose File"/> No file chosen<br><small>(2048 KB max)</small> |
| Most Recently Completed Audit   | <input type="button" value="Choose File"/> No file chosen<br><small>(2048 KB max)</small> |
| Income or Profit and Loss Statement   | <input type="button" value="Choose File"/> No file chosen<br><small>(2048 KB max)</small> |

- In this area, you can associate documents with your organization
- You only need to provide the items that apply to your organization
- If you experience difficulty uploading documents, move on with the application. Your grant specialist will follow up with you to obtain the documents
- To add a document for a given field, select “Choose file” then navigate and select the document that you wish to add

C. Organization/Edit

i. Organization/Agency Basic Information

Organization/Agency Basic Information

501(c)(3)?\*

Tax ID \*   
Format: ##-#####

Type of Application\*

- 501(c)(3)? – Answer Yes or No depending whether the organization has 501(c)(3) status
- Enter agency Tax ID number
- Select the Grant type/types for which the organization is applying

ii. Organization/Agency Contact Information

Organization/Agency Contact Information

|                    |   |                    |  |
|--------------------|---|--------------------|--|
| Street Address 1 * | <input type="text" value="150 East Gay"/> | Phone *            | <input type="text" value="(123)456-7899"/> |
| Street Address 2   | <input type="text"/>                      | Fax                | <input type="text"/>                       |
| City *             | <input type="text" value="Columbus"/>     | County             | <input type="text" value="Franklin"/>      |
| State*             | <input type="text" value="Ohio"/>         | Country            | <input type="text" value="United States"/> |
| Zip *              | <input type="text" value="43215"/>        | Crisis Line Number | <input type="text"/>                       |

- Enter the address of your organization
- Enter the fax number, county, country, and crisis line number for your organization, if applicable

### iii. Document Uploads

**Document Uploads**

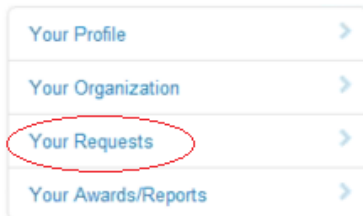
|   |                      |           |   |                      |           |
|---|----------------------|-----------|---|----------------------|-----------|
| IRS Determination Letter<br>(2048 KB max)             | <input type="text"/> | Browse... | Articles of Incorporation and Amendments<br>(2048 KB max) | <input type="text"/> | Browse... |
| Certificate of Good Standing<br>(2048 KB max)         | <input type="text"/> | Browse... | 2012 Tax Return or Proof of Extension<br>(2048 KB max)    | <input type="text"/> | Browse... |
| Minutes from Last Two Board Meetings<br>(2048 KB max) | <input type="text"/> | Browse... | AGO Charitable Proof of Good Standing<br>(2048 KB max)    | <input type="text"/> | Browse... |
| Income or Profit and Loss Statement<br>(2048 KB max)  | <input type="text"/> | Browse... | Most Recently Completed Audit<br>(2048 KB max)            | <input type="text"/> | Browse... |

- Use this area to upload any documents that are applicable to your organization

### iv. Organization Overview

- Review information then select “New Request”

## 3. Your Request



|                     |   |
|---------------------|---|
| Your Profile        | > |
| Your Organization   | > |
| Your Requests       | > |
| Your Awards/Reports | > |

---



A. Your Request/New

- On the left hand column, select the “Your Requests” option
  - On the following screen, select “New Request”

## Your Request | New

Applicant

Organization

Project Title

Grant Type\*

- Select Applicant, Organization, Project Title, and Grant type
- Select “Save and Continue”

B. Your Request/Project Details

i. Project Overview

Project Overview

Prior Funding?

Type of Applicant

Type of Application  SVAA  VOCA

Assistance Establishment Date

Ohio House District(s)

Ohio Senate District(s)

Ohio Congressional District(s)

- Prior funding – Have you received funding for SVAA or VOCA in the past? Select yes or no
- Type of Applicant
- Type of Application – Select VOCA or SVAA or both
- Assistance Establishment Date - Date that your organization began offering services to the public. Estimate month and day if unknown
- Ohio House District(s) - In reference to the districts that your organization provides services. Use commas for multiple districts
- Ohio Senate District(s) - In reference to the districts that your organization provides services
- Ohio Congressional District(s)

ii. Fiscal Officer of Project

**Fiscal Officer of Project**

|                     |                      |                       |                      |
|---------------------|----------------------|-----------------------|----------------------|
| Fiscal Officer Name | <input type="text"/> | Fax                   | <input type="text"/> |
|                     |                      | Format: (###)###-#### |                      |
| Email               | <input type="text"/> | Phone Number          | <input type="text"/> |
|                     |                      | Format: (###)###-#### |                      |

- Enter the information for the Fiscal Officer for your organization

iii. Counties Served

**Counties Served**

Please hold down control to select multiple counties below.

|         |  |          |  |
|---------|--|----------|--|
| Current | <input type="text" value="Adams"/><br><input type="text" value="Allen"/><br><input type="text" value="Ashland"/><br><input type="text" value="Ashtabula"/> | Proposed | <input type="text" value="Adams"/><br><input type="text" value="Allen"/><br><input type="text" value="Ashland"/><br><input type="text" value="Ashtabula"/> |
|---------|--|----------|--|

- Current - Select counties you are currently serving
- Proposed - Select all counties that you would be serving if you receive grant funding, including counties that you are currently serving and would continue to serve
  - Holding "Ctrl" as you select will allow you to select multiple counties

iv. Priority Crime Categories and Underserved Victims

Priority Crime Categories and Underserved Victims

Indicate the percentage of the applicant's service that is aimed at the following crime categories

|                   |                                 |   |                |                                 |   |
|-------------------|---------------------------------|---|----------------|---------------------------------|---|
| Child Abuse       | <input type="text" value="20"/> | % | Sexual Assault | <input type="text" value="20"/> | % |
| Domestic Violence | <input type="text" value="20"/> | % | Other          | <input type="text" value="20"/> | % |

Indicate the percentage of the applicant's service that is aimed at the following types of victims.

|          |                                |   |  |                                |   |
|----------|--------------------------------|---|--|--------------------------------|---|
| Elderly  | <input type="text" value="5"/> | % | Lesbian, Gay, Bisexual,<br>Transgender | <input type="text" value="5"/> | % |
| Disabled | <input type="text" value="5"/> | % |  |                                |   |

- Enter the percentages of your service aimed at the following crime categories
  - Child Abuse
  - Sexual Assault
  - Domestic Violence
  - Other

### C. Program Service Summary

#### Program Service Summary

Please indicate your primary program classification.

Pick (use control to select multiple)

- Child Serving Program (CASA, GAL, CAC)
- Domestic Violence Program
- General Program in which victim services is one component
- Prosecutor or Law Enforcement based program

#### Sub programs

Select all of the types of criminal victimization categories your agency projects to serve for this grant period.

Pick (use control to select multiple)

- Adult Sexual Assault
- Adults Molested as Children
- Arson
- Assault

Please explain how you will serve these clients.

Select all of the types of services to be provided by your agency for this grant period.

Pick (use control to select multiple)

- Assistance in Filing Compensation Claims
- Clothing
- Counseling
- Criminal Justice Support/Advocacy
- Emergency Legal Advocacy
- Follow-up
- Group Treatment/Support
- Information and Referral (in person)

Explanation

- Pick – Select the primary services of your program. You can select more than one if needed
  - A new dropdown of subprograms will appear once a primary service is selected
- Select all types of criminal victimization categories your agency projects to serve for the grant period
- Select all types of services to be provided by your agency for this grant period
- Please explain how you will serve these clients
- Select all types of services to be provided by your agency

i. Coordinated Services Information

**Coordinated Services Information**

Contact information is required for one individual that your program works with from one of each of the four types of entities below. These individuals will be contacted by the Attorney General's Office during the grant period and asked to provide an assessment of your program's service(s). (This process replaces the letters of support that have been required in previous years.)

Judges or Court Administrators

Name \*   
Email \*   
Judge Phone \*   
Format: (###)###-####

Law Enforcement

Law Enforcement Name \*   
Email \*   
Law Phone \*   
Format: (###)###-####

City/County Prosecutor

Name \*   
City Email \*   
City Phone \*   
Format: (###)###-####

Other Victim Service Provider

Name \*   
Email \*   
Other Victim Phone \*   
Format: (###)###-####

How is your project different from similar projects at other organizations in your service area?

Details\*

Is your organization affiliated with the United way?

Select\*

Is your organization a member of a national or regional organization?

Select\*

Is your organization accredited?

Select

Does your program/organization collect data on any facet of your service or service population?

Data Collection\*

- Ask for name of individuals that are familiar with your services
- Grant Specialist will contact individuals that are listed
  - Judge or Court Administrators
  - Law Enforcement
  - City/County Prosecutor
  - Other Victim Service Provider

## D. Your Request/ Narrative

### Project Description

Summarize your organization's current mission, capabilities, and experience, and the need for its continued services in the community.

Summary\*

Describe the population with which your organization typically works. Identify under-served populations within your community, and describe your organizations procedures to provide services to all victims, including victims with disabilities or limited English proficiency, members of the GLBT community, homeless victims, rural victims, and any victim regardless of gender.

Description\*

List the organizations with which your program partners, and describe how you will work with them in the coming year to better serve all crime victims in your community.

List\*

Describe your organization's commitment and capacity to continue the program if VOCA and/or SVAA funding were no longer available.

Describe\*

#### i. Project Description

- Summarize your organization's current mission, capabilities, and experience, and the need for its continued service
- Describe the population with which your organization typically works
- List the organizations with which your program partners, and describe how you will work with them in the coming year to better serve all crime victims in your community
- Describe your organization's commitment and capacity to continue the program if VOCA and/or SVAA funding were no longer available

The essay questions do not have minimum or maximum word or character limits

ii. Demographic Information

Demographic Information

Cultural Diversity of Applicant Agency

|                             |  |                        |                      |                                    |                      |
|-----------------------------|--|------------------------|----------------------|------------------------------------|----------------------|
| Caucasian Volunteers        | <input type="text" value="5"/>                                   | Caucasian Staff        | <input type="text"/> | *Caucasian Governing Boards        | <input type="text"/> |
| African American Volunteers | <input type="text" value="5"/>                                   | African American Staff | <input type="text"/> | *African American Governing Boards | <input type="text"/> |
| Hispanic Volunteers         | <input type="text" value="5"/>                                   | Hispanic Staff         | <input type="text"/> | *Hispanic Governing Boards         | <input type="text"/> |
| Asian Volunteers            | <input type="text" value="5"/>                                   | Asian Staff            | <input type="text"/> | *Asian Governing Boards            | <input type="text"/> |
| Native American Volunteers  | <input type="text" value="5"/><br><input type="text" value="5"/> | Native American Staff  | <input type="text"/> | *Native American Governing Boards  | <input type="text"/> |
| Other Volunteers            | <input type="text"/>   | Other Staff            | <input type="text"/> | *Other Staff Governing Boards      | <input type="text"/> |
| Volunteer Totals            | <input type="text" value="25"/>                                  | Staff Total            | <input type="text"/> | Governing Board Total              | <input type="text"/> |

- Enter in the demographic information as it applies to your organization volunteer, staff, and board members (if applicable)
- Leave an entry blank to indicate a zero (0)

iii. Demographic Profile - Service Area

Demographic Profile: Service Area

Service Areas [Add Service Area](#)

| Name     | Caucasian | African American | Hispanic | Asian | Native American | Other |                        |
|----------|-----------|------------------|----------|-------|-----------------|-------|------------------------|
| Franklin | 5 %       | 5 %              | 5 %      | 5 %   | 5 %             | 5 %   | <a href="#">Delete</a> |

- Please provide the demographic data for the counties that you serve
- If you serve more than one county, selecting “Add Service Area” will give you a new line
- If you are a statewide organization, under name of service area, note that you serve all counties, and then provide the combined demographic information for all the counties



#### iv. Project Budget

**Project Budget**

**Organization/Agency Budget Information**

Please attach your organization's projected budget for the next fiscal year. Victim Assistance budgets or Victim-Witness budgets should be clearly identifiable.

Projected Budget  No file chosen  
(2048 KB max)

**Program Specific Budget Information**

|   |                 |
|---|-----------------|
| <b>Federal</b> <input type="button" value="Add Federal Funding"/> | Federal Revenue |
| Federal Funds   |                 |

|   |               |
|---|---------------|
| <b>State</b> <input type="button" value="Add State Funding"/> | State Revenue |
| State Funds   |               |

|   |                   |
|---|-------------------|
| <b>Local</b> <input type="button" value="Add Local"/> | Projected Revenue |
| Local Revenue   |                   |

|   |                   |
|---|-------------------|
| <b>Other Revenue</b> <input type="button" value="Add Other Revenue"/> | Projected Revenue |
| Other Revenue   |                   |

- Organization/Agency Budget Information
  - Upload your organization's entire budget for the next fiscal year
- Program Specific Budget Information
  - Enter in information *specifically* for the victim assistance program for which you are requesting VOCA or SVAA funds
    - Federal - Enter all projected federal grants
    - State - Enter all projected state grants
    - Local - Enter all projected local grants
    - Other Revenue - List other sources of income contributing to the victim assistance program for which you are requesting VOCA or SVAA funds

## v. Budget Narrative

### Budget Narrative

Prepare and attach a written statement for each cost category requested that gives complete budget detail and any supporting information that relates to the proposed costs. Include an explanation to clarify your calculations.

- Project match is required for all VOCA grants and a cash match is required for each VOCA-supported personnel position.
- SVAA grants do not require a project match.
- A job description is required for all VOCA and SVAA-supported personnel.
- Include worker's compensation information in budget calculations.

Details

- Describe and justify all costs. Explain how costs were estimated and consider their reasonableness. Discuss fringe benefits for employees and describe the source of cash or in-kind match

## vi. Budget Computation

### Budget Computation

Prepare and upload a computation for each cost category requested that gives complete financial detail and any supporting information that relates to the proposed cost category. Below is an example of how to prepare a personnel computation. Other cost computation sections follow. Make sure to prioritize all computations as these computations represent your requests for specific funds. Applicants are responsible for assuring that figures are correct.

The funding for a personnel position may be split between VOCA and SVAA funds. A separate computation needs to be completed for the VOCA portion of the wage and the SVAA portion of the wage. A total wage rate is also requested.

View Budget Computation

Save & Continue

- Select “View budget computation”

### E. View Budget Computation

| Costs | Add Cost | Cost Category | Cost Item | Cost Per Unit/Hour | Units/Hours | Fringe Benefits | Amount Requested | Type | Match Type          | Match % | Match Amount | Source Of Match |
|-------|----------|---------------|-----------|--------------------|-------------|-----------------|------------------|------|---------------------|---------|--------------|-----------------|
|       |          | Personnel     |           |                    | 0.00        | \$0.00          |                  |      | -- Please select -- |         |              |                 |

- Select “Add cost”
- Cost Category - Select the category for the specific cost
- Cost item – describe the cost
- Cost per Unit/Hour
- Units/hours
- Type – Select VOCA or SVAA
  - Additional match questions will be provided for VOCA selection
- Select blue “Add Cost” button to add a new cost
- When all costs have been added, select the “submit” button at the bottom of the chart
  - Budget for any payroll raises that you plan for employees. No budget adjustments can be made for payroll raises after a grant is active

## F. Your Request/ Uploads

### i. Non-Profit Organizations only

#### Non-Profit Organizations Only

Please attach a document that includes the names and organizations of board members, plus a brief narrative on the board's operations that answers the following.

1. What is the term of service for board members?
2. What is the fundraising responsibility of the board?
3. How frequently does the full board receive financial reports?
4. How frequently does the full board meet?
5. What, if any, long-range or strategic plan has the board adopted?
6. What has the agency/board done in the last two years to enhance the organizational capacity of the agency?

Board Information  No file chosen  
(2048 KB max)

- Attach document then select "Save and continue"

### ii. Program Level Documentation

#### Program Level Documentation

Job descriptions for  
personnel listings  No file chosen  
(2048 KB max)

Samples for material to be  
printed  No file chosen  
(2048 KB max)

- Job descriptions for personnel listings
- Samples for materials to be printed

### iii. Additional Documentation

- Attach Request for Volunteer Waiver, if applicable

G. Your Request/View

## Your Request | View

[View](#) [Details](#) [Essays](#) [Budget](#) [Documents](#) [Preview](#)

### Grant Request

Request: #8480568  
Program Name: Brians 2014  
SVAA Amount Requested: \$0.00  
VOCA Amount Requested: \$49,500.00  
Organization: Brian's Place  
Request Status: Declined

### Project Overview

|                               |                                |
|-------------------------------|--------------------------------|
| Type of Applicant             | Ohio Congressional District(s) |
| Type of Application           | Ohio House District(s)         |
| Assistance Establishment Date | Ohio Senate District(s)        |

### Fiscal Officer of Project

|                     |              |
|---------------------|--------------|
| Fiscal Officer Name | Fax          |
| Email               | Phone Number |

### Counties Served

Current  
Proposed

### Priority Crime Categories and Underserved Victims

Indicate the percentage of the applicant's service that is aimed at the following crime categories

|                   |                |
|-------------------|----------------|
| Child Abuse       | Sexual Assault |
| Domestic Violence | Other          |

- Review information and verify the information in the application is correct
- If information is correct, select "Proceed to Submission"

## H. Guidelines

### Guidelines

#### History of VOCA and SVAA

The Victims of Crime Act (VOCA) was passed by Congress and signed into law by President Reagan on October 12, 1984, and establishes within the U. S. Treasury an account known as the Crime Victims' Fund. Millions of dollars are deposited annually into the fund from criminal fines, penalties, forfeited bail bonds, and special assessments collected by the federal government. Crime Victims' Fund dollars have always come from offenders convicted of federal crimes, not from taxpayers.

The VOCA Formula Grant Program provides federal funding to support victim assistance and compensation programs such as those which benefit victims by providing training for professionals who work with victims, by developing projects to enhance victims' rights and services, and by undertaking public education and awareness activities on behalf of crime victims. The yearly grant amount awarded to each state includes a base amount of \$500,000 and additional funds based on the state's population. States apply each year for the federal grant and then award VOCA Victim Assistance funds to eligible public and nonprofit organizations. The Attorney General's Office has been designated as the administrator of the Crime Victims Assistance Grant in Ohio.

The State Victims Assistance Act (SVAA) was passed by the Ohio Legislature and signed into law in 1984, and establishes the Crime Victim Services Section (CVS) of the Ohio Attorney General's Office (OAG). CVS administers the Crime Victims Fund, made up of court costs paid by offenders, driver's license reinstatement fees, and federal grant monies to provide compensation to innocent victims of violent crime who have suffered an unrecoverable economic loss as a result of their victimization, and also administers VOCA and SVAA grants. The guidelines, eligibility requirements, and application process for VOCA and SVAA grants are very similar. This application may be used for either or both types of grants, and differences between the two programs will be highlighted throughout these guidelines.

The U. S. Department of Justice, Office of Justice Programs, Office for Victims of Crime has issued guidelines and rules to implement the grant provisions of VOCA. In the following sections, those federal guidelines have been integrated with administrative guidelines adopted by OAG and guidelines for SVAA grants. All applications will be reviewed by OAG staff. Recommendations regarding all applications and funding levels will be made to the Attorney General, who approves all final VOCA and SVAA grant awards. A Letter of Determination and a Grant Award and Acceptance form will be mailed to grant recipients by the end of August, 2014.

#### Period of Funding

VOCA and SVAA funds will be awarded for the 2014-2015 period beginning on or after October 1, 2014 and ending September 30, 2015. Only expenses incurred within the grant period are eligible to be paid with 2014-2015 funds. VOCA funds are paid by reimbursement to grant recipients. An agency receiving VOCA funding will receive an advance payment by October 15, 2014 that will include its first month of funding, one twelfth of the awarded grant, as well as funding for any one-time purchases. This will be the only advance payment of a VOCA grant. All further payments will be issued upon receipt/verification of monthly financial reports due by the 15<sup>th</sup> of each month. Payments will then be made to the agency after expenses have been deducted from the amount of the initial payment and any cash on hand. This process will continue throughout the grant cycle. SVAA funds

- Review the guidelines for VOCA and SVAA grants
- Some language has changed, but the general rules have not

## i. Guidelines


### Guidelines

Please review these guidelines and sign below to certify that you have read and understand them.

I have read and understood the general guidelines regarding eligibility for, and administration of, a VOCA or SVAA grant. My organization is eligible, and will abide by rules of the grant.

I agree \*

Title \*

Date Submitted  

Submit

- Select "I Agree" if you agree with the guidelines
- Enter the title of the person signing/submitting the application
- Enter the date of submission


## ii. Certifications

### Certifications

DULY AUTHORIZED OFFICIAL(S)'S NAME AND TITLE

I agree

Digital Signature \*

Date Submitted  

Submit

- An authorized official must sign the digital signature for the application. Your organization will determine who may sign this document

### iii. Assurances

- Select "I Agree" if you agree with guidelines
- Type in electronic signature
- Date submitted

#### Assurances

The applicant hereby assures and certifies compliance with all federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements – 28 CFR, Part 66, Common Rule, that govern the application, acceptance and use of federal funds for this federally-assisted project. Also, the applicant assures and certifies that it will:

1. Recognize that recipients and sub-recipients of federal grants have been awarded funds to carry out the goals and objectives identified in the grant. These funds are subject to certain regulations, oversight, and audit. In addition, the applicant acknowledges that grant recipients and subrecipients are stewards of federal funds.
2. Possess the legal authority to apply for the grant, that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
3. Comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970, as amended (42 U.S.C. § 4601 et seq.), which provides for fair and equitable treatment of persons displaced as a result of federal and federally-assisted programs.
4. Comply with provisions of federal law which limit certain political activities of employees of a state or local unit of government whose principal employment is in connection with an activity financed in whole or in part by federal grants. (5 U.S.C. § 1501, et seq.) The recipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government, without the express prior written approval of OAG and the OJP.
5. Comply with the minimum wage and maximum hours provisions of the Fair Labor Standards Act of 1938, as amended (29 U.S.C. § 201 et seq.), as applicable.
6. Establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
7. Give the sponsoring agency or the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant. The recipient agrees to comply with the organizational audit requirements of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, as further described in the current edition of the OJP Financial Guide, Chapter 3.19 ([http://ojp.gov/financialguide/PDFs/OCFO\\_2013Financial\\_Guide.pdf](http://ojp.gov/financialguide/PDFs/OCFO_2013Financial_Guide.pdf))
8. Ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA, 14 C.F.R. § 1274.926
9. The recipient understands that all OJP awards are subject to the National Environmental Policy Act (NEPA, 42 U.S.C. § 4321 et seq.) and other related federal laws (including the National Historic Preservation Act), if applicable. The recipient agrees to assist OJP in carrying out its responsibilities under NEPA and related laws, if the recipient plans to use VOCA funds to undertake any activity that triggers these requirements,

- Read through the assurances, and have an Authorized Official sign with a digital signature



#### iv. Electronic Signatures

##### Electronic Signature

###### Certification #1

I hereby certify that the data in this application is true and correct and that this document has been authorized by the governing body of the applicant organization.

###### Certification #2

I certify that this application meets all the requirements of the Victims of Crime Act and/or the State Victims Assistance Act, as applicable, and the implementing guidelines and as the applicant will comply with the provisions of the acts and all applicable laws.

###### Certification #3

I, the undersigned (authorized official signing for the applicant organization), certify, to the best of my knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals

I, the undersigned (authorized official signing for the applicant organization), certify, to the best of my knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.
- b. Have not, within the preceding three years, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- c. Have not, within a 3-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- d. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification.
- e. Have not, within a 3-year period preceding this application/proposal, had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide these certifications, an explanation as to why should be placed after the assurances page in the application package.

*The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.*

Further, the applicant recognizes that recipients and sub-recipients of federal grants have been awarded funds to carry out the goals and objectives

- Read through the certifications, and select "I agree"
  - **This will submit your application**

I. Your Request/View

## Your Request | View

[Back](#)

### Grant Request

Request: #8480568  
Program Name: Brians 2014  
SVAA Amount Requested: \$0.00  
VOCA Amount Requested: \$49,500.00  
Organization: Brian's Place  
Request Status: Submitted

### Project Overview

Type of Applicant  
Type of Application  
Assistance Establishment Date

### Fiscal Officer of Project

Fax

### Project Details

Counties Served

### Funding Information

This is the summary screen confirming that your request was submitted

To confirm submission:

- Go to “Your Requests”
- Completed Applications can be found under Submitted Requests

## Your Requests

**Note:** You already have a Grant Request. If you would like to start a new request, please click here:

[New Request](#)

### Applications not Submitted

| Actions                                    | Grant Type         | Request   | Organization |
|--|--------------------|---|--------------|
| <a href="#">Edit</a>   <a href="#">Del</a> | 2013 Crime Victims | Test App: 2013 Crime Victims                      | BrianCorp    |
| <a href="#">Edit</a>   <a href="#">Del</a> | 2013 Crime Victims | fgh: 2013 Crime Victims                           | BrianCorp    |
| <a href="#">Edit</a>   <a href="#">Del</a> | 2013 Crime Victims | 1: 2013 Crime Victims                             | BrianCorp    |
| <a href="#">Edit</a>   <a href="#">Del</a> | 2013 Crime Victims | 2015 Becky: 2013 Crime Victims                    | BrianCorp    |
| <a href="#">Edit</a>   <a href="#">Del</a> | 2013 Crime Victims | Brians Place 2014 application: 2013 Crime Victims | BrianCorp    |

### Submitted Requests

| Request   | Grant Type         | Organization  |
|---|--------------------|---------------|
| <a href="#">New Request: 2013 Crime Victims</a> | 2013 Crime Victims | BrianCorp     |
| <a href="#">Brians 2014: 2013 Crime Victims</a> | 2013 Crime Victims | Brian's Place |

- You will also receive an E-mail confirming submission
  - If we have any follow up questions, we will contact you

## 4. Your Awards/Reports

### A. Award Acceptance

1. If a grant award is made to you, you will receive an email notifying you that a grant award is ready for your acceptance. You will need to login to the grant portal to accept the award
2. Click 'Your Awards/Reports' on the left bar
3. The items under the 'VOCA Awards' and 'SVAA Awards' will show you the amount awarded and provide a link to accept the awards



|                     |   |
|---------------------|---|
| Your Profile        | > |
| Your Organization   | > |
| Your Requests       | > |
| Your Awards/Reports | > |
| Your Payments       | > |

## Your Awards

| VOCA Awards                 |                                       |
|-----------------------------|---------------------------------------|
| VOCA Awards Portal 1-1 of 1 |                                       |
| VOCA Amount Awarded         | Request                               |
| \$54,142.80                 | Testing September: 2015 Crime Victims |
| Organization                | Accept Award                          |
| Test Org                    | <a href="#">Award Documents</a>       |

| SVAA Awards                 |                                       |
|-----------------------------|---------------------------------------|
| SVAA Awards Portal 1-1 of 1 |                                       |
| SVAA Amount Awarded         | Request                               |
| \$4,070.00                  | Testing September: 2015 Crime Victims |
| Organization                | Accept Award                          |
| Test Org                    | <a href="#">Award Documents</a>       |

4. To accept an award, click on the 'Award Documents' button
5. The page you are brought to will contain a number of items you can interact with
  - a. 'Click here to view/print the approved budget'
    - i. Clicking this link will open a new tab/window in your internet browser showing the detailed budget items as approved
  - b. 'Special Conditions 11, 12, 13, 14, 15, 17, 18, 19, 20, 21, 22, 23, and 24'
    - i. Before accepting the award, next to each of these items is a red icon, meaning that you have not yet accepted the Special Condition
    - ii. To accept the Special Condition, click 'Edit Document' to the right
    - iii. You will need to fill out some information and click the 'save' or 'submit' button afterwards
    - iv. Each Special Condition item will have a box at the bottom to fill out if the Special Condition is not applicable to your organization. If you are exempt from the Special Condition, please advise in this box, click the 'complete' box, and save/submit the form
    - v. A description of each Special Condition can be found in the appendix of this document
    - vi. When you have completed a Special Condition, you will be brought back to the summary page and the document will have a green check mark



Special Condition "Testing September: VOCA" has been updated.

### Special Conditions Documents

Congratulations. You've been awarded \$54,142.80 from the Ohio Attorney General's Office. You must complete the following special condition documents before your award is activated.

[Click here to view/print the approved budget](#)

- Your Profile >
- Your Organization >
- Your Requests >
- Your Awards/Reports >
- Your Payments >

#### Documents Needing a Dry Signature

|                      |  |                                  |
|----------------------|--|----------------------------------|
| Special Condition 11 |  | <a href="#">Edit Document 11</a> |
| Special Condition 12 |  | <a href="#">Edit Document 12</a> |
| Special Condition 13 |  | <a href="#">Edit Document 13</a> |
| Special Condition 14 |  | <a href="#">Edit Document 14</a> |
| Special Condition 15 |  | <a href="#">Edit Document 15</a> |
| Special Condition 17 |  | <a href="#">Edit Document 17</a> |
| Special Condition 18 |  | <a href="#">Edit Document 18</a> |
| Special Condition 19 |  | <a href="#">Edit Document 19</a> |
| Special Condition 20 |  | <a href="#">Edit Document 20</a> |
| Special Condition 21 |  | <a href="#">Edit Document 21</a> |
| Special Condition 22 |  | <a href="#">Edit Document 22</a> |
| Special Condition 23 |  | <a href="#">Edit Document 23</a> |
| Special Condition 24 |  | <a href="#">Edit Document 24</a> |

- Four documents must be printed, filled out, signed with blue ink, and returned to our office by U.S. mail. These documents are Special Conditions 9, 10, and 16 and the Grant Award Acceptance document
- The Grant Award Acceptance document displays the grant items and matching requirements you are agreeing to. During the awarding process, some costs may have been changed by Attorney General staff to fit within the goals and funding amounts available. **Pay close attention to this document – once accepted, costs may not be easily changed.** If any organizational information is incorrect or you wish to edit the costs presented within the Grant Award Acceptance document, please note the changes on the document or attach additional sheets
- Click the document name to download. Then print, fill out, and return to the address on the portal page
- Once you have completed all electronic documents and have prepared/sent all paper documents, click the yellow 'Submit' button at the bottom of the page
- The final form to complete is the Award Acceptance Form. Use the dropdown box to either accept or decline the grant award and click the Submit button

B. Award Activation

1. Once all required Special Conditions are submitted and approved by the Ohio Attorney General’s Office, you will receive notification that your award has been activated
2. When the award is activated, you may begin submitting financial reports for periods that have already completed
3. VOCA reports are due within 15 days of the close of a month
4. SVAA reports are due quarterly, on January 15, April 15, July 15, and October 15

C. Submitting Financial Reports

1. Under ‘Your Financial Reports’, click ‘Edit’ next to the financial report you are ready to submit

| Your Financial Reports |                   |       |                          |            |
|------------------------|-------------------|-------|--------------------------|------------|
| Actions                | Report Type       | Month | Organization             | Award Type |
| <a href="#">Edit</a>   | Monthly/Quarterly | Q4    | <a href="#">Test Org</a> | SVAA       |
| <a href="#">Edit</a>   | Monthly/Quarterly | Nov   | <a href="#">Test Org</a> | VOCA       |
| <a href="#">Edit</a>   | Monthly/Quarterly | Dec   | <a href="#">Test Org</a> | VOCA       |
| <a href="#">Edit</a>   | Monthly/Quarterly | Jan   | <a href="#">Test Org</a> | VOCA       |

2. You will be brought to the 'Costs' screen, which will show details on the cost item, any matching requirements, and the amount of grant funds remaining for that cost item. Additionally, this screen will show the match used-to-date and the amount of match that remains to be used over the grant year

[VIEW Expenditures](#)
[EDIT Expenditures](#)

| Cost Category | Cost Item  | Funding Type | Match Type | Match Required | Cash       |                      | In-Kind    |                         | Amount Requested | Amount Remaining |
|---------------|------------|--------------|------------|----------------|------------|----------------------|------------|-------------------------|------------------|------------------|
|               |            |              |            |                | Match Used | Cash Match Remaining | Match Used | In-Kind Match Remaining |                  |                  |
| Personnel     | Alice      | VOCA         | Cash       | \$8,950.00     | 410        | \$8,540.00           | 0          | \$0.00                  | \$35,800.00      | \$34,775.00      |
| Personnel     | Bethany    | VOCA         | Cash       | \$4,795.00     | 125        | \$4,670.00           | 0          | \$0.00                  | \$19,180.00      | \$18,505.00      |
| Personnel     | Charlie    | VOCA         | Cash       | \$217.20       | 0          | \$217.20             | 0          | \$0.00                  | \$10,860.00      | \$10,660.00      |
| Equipment     | Computer   | VOCA         | In-Kind    | \$499.95       | 0          | \$0.00               | 95         | \$404.95                | \$1,500.00       | \$1,150.00       |
| Telephone     | Cell Phone | VOCA         | Cash       | \$255.00       | 0          | \$255.00             | 0          | \$0.00                  | \$1,020.00       | \$920.00         |

By signing electronically below, I certify that all transactions reported have been made in compliance with federal, state, and local regulations and statutes and in accordance with the approved grant award.

Signature

3. Click 'Edit Expenditures' to enter the form where you will report on the grant and match amounts used over the period

[← Back](#)

| Your Expenditures                                       |                                     |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Expenditure   | VOCA Spent                          | Cash Spent                          | In Kind Spent                       | SVAA Spent                          |
| Expenditure for:<br>Alice - PrRpt-<br>10009029 Nov      | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> |
| Expenditure for:<br>Bethany - PrRpt-<br>10009029 Nov    | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> |
| Expenditure for:<br>Charlie - PrRpt-<br>10009029 Nov    | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> |
| Expenditure for:<br>Computer - PrRpt-<br>10009029 Nov   | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> |
| Expenditure for:<br>Cell Phone - PrRpt-<br>10009029 Nov | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> | <input type="text" value="\$0.00"/> |

[Save and Continue](#)

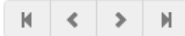


- For each cost item, enter the amount of VOCA or SVAA funds spent during the period. Also include any matching amounts used. The 'Save and Continue' button will NOT submit the grant report. You can use this button to save the numbers you have entered and see a summary of your report so far

## Expenditures for this Reporting Period

◀ Back

Expenditures for this Progress Report 1-5 of 5



| Expenditure   | Type | Cost Category | Amount Requested | Amount Remaining | VOCA Spent | Cash Spent | In Kind Spent | SVAA Spent |
|---|------|---------------|------------------|------------------|------------|------------|---------------|------------|
| Expenditure for: Alice - PrRpt-10009029<br>Nov      | VOCA | Personnel     | \$35,800.00      | \$34,775.00      | \$0.00     | \$2.00     | \$0.00        | \$0.00     |
| Expenditure for: Bethany - PrRpt-10009029<br>Nov    | VOCA | Personnel     | \$19,180.00      | \$18,505.00      | \$0.00     | \$0.00     | \$0.00        | \$0.00     |
| Expenditure for: Charlie - PrRpt-10009029<br>Nov    | VOCA | Personnel     | \$10,860.00      | \$10,660.00      | \$0.00     | \$0.00     | \$0.00        | \$0.00     |
| Expenditure for: Computer - PrRpt-10009029<br>Nov   | VOCA | Equipment     | \$1,500.00       | \$1,150.00       | \$0.00     | \$0.00     | \$0.00        | \$0.00     |
| Expenditure for: Cell Phone - PrRpt-10009029<br>Nov | VOCA | Telephone     | \$1,020.00       | \$920.00         | \$0.00     | \$0.00     | \$0.00        | \$0.00     |

- Clicking 'Back' will return you to the expenditures form in Step Three
- Clicking 'Back' once more will return you to the financial report form in Step Two
- At this point, all of the expenditures entered have been saved, but not submitted. You may print this page or exit the system before submitting. When you are ready to submit, type your electronic signature in the provided box and click 'Submit'. This will submit and finalize your financial report

#### D. Historical Financial Reports

1. Click the link under 'Historical Financial Reports' at the bottom of the page
2. You will be directed to a page showing all financial reports for any grant you have had since 10/1/2014

| Progress Report                    | Report Month | Funding Stream | Grant Type | Organization             | Request                               | Applicant  | Award                   | Status    | Date Submitted ▼              |
|------------------------------------|--------------|----------------|------------|--------------------------|---------------------------------------|------------|-------------------------|-----------|-------------------------------|
| <a href="#">PrRpt-10009023 Oct</a> | Oct          | 2015VOCA       | VOCA       | <a href="#">Test Org</a> | Testing September: 2015 Crime Victims | Brian Sass | Testing September: VOCA | Submitted | Wednesday, September 17, 2014 |
| <a href="#">PrRpt-9950729 Q3</a>   | Q3           | 2015SVAA       | SVAA       | <a href="#">Test Org</a> | Testing September: 2015 Crime Victims | Brian Sass | Testing September: SVAA | Submitted | Monday, September 15, 2014    |
| <a href="#">PrRpt-10009059 Apr</a> | Apr          | 2015VOCA       | VOCA       | <a href="#">Test Org</a> | Testing September: 2015 Crime Victims | Brian Sass | Testing September: VOCA | Requested |                               |

3. Clicking the blue text under 'Progress Report' will show the detailed financial report submitted by your organization

| Expenditure                                      | Type | Cost Category | Amount Requested | Amount Remaining | VOCA Spent | Cash Spent | In Kind Spent | SVAA Spent |
|--|------|---------------|------------------|------------------|------------|------------|---------------|------------|
| Expenditure for: Alice - PrRpt-10009023 Oct      | VOCA | Personnel     | \$35,800.00      | \$34,775.00      | \$150.00   | \$10.00    | \$0.00        | \$0.00     |
| Expenditure for: Bethany - PrRpt-10009023 Oct    | VOCA | Personnel     | \$19,180.00      | \$18,505.00      | \$0.00     | \$0.00     | \$0.00        | \$0.00     |
| Expenditure for: Charlie - PrRpt-10009023 Oct    | VOCA | Personnel     | \$10,860.00      | \$10,660.00      | \$0.00     | \$0.00     | \$0.00        | \$0.00     |
| Expenditure for: Computer - PrRpt-10009023 Oct   | VOCA | Equipment     | \$1,500.00       | \$1,150.00       | \$0.00     | \$0.00     | \$0.00        | \$0.00     |
| Expenditure for: Cell Phone - PrRpt-10009023 Oct | VOCA | Telephone     | \$1,020.00       | \$920.00         | \$0.00     | \$0.00     | \$0.00        | \$0.00     |

4. The status shown can be one of several options
  - i. Requested – this is a financial report that you have not yet submitted. It is likely for a period that is not yet complete
  - ii. Submitted – The report has been submitted by your organization. A 'Date Submitted' will appear next to the status, showing the date the financial report was completed
  - iii. Rejected – The financial report has been sent back to you for correction before a payment can be processed. An email with comments is automatically generated when a financial report is rejected
  - iv. Payment Generated – The financial report has been used to begin the payment process. The payment may not yet be completed; check your payment status for additional information

## 5. Your Payments

### A. List View

1. Clicking the 'Your Payments' button on the left panel will present a list of all payments processed for grants initiating on or after 10/1/14
2. Payment status will be either 'Created' or 'Finalized'.
  - i. 'Created' payments have begun being processed but are not yet complete
  - ii. 'Finalized' payments have been confirmed as being deposited
3. 'Scheduled Date' is a field that will be updated after a payment is created. This is the date the payment is scheduled to be deposited in your bank. Accounting system limitations do not allow us to have this information until 5 - 10 business days after the payment has been created

## Your Payments

Portal Payments View 1-1 of 1



| Payment                                   | Award                         | Request                                  | Awd Type | Amount  | Scheduled Date | Payment Number | Funding Stream | Workflow Status | Updated At ▼           |
|---|-------------------------------|--|----------|---------|----------------|----------------|----------------|-----------------|------------------------|
| <a href="#">Pymt: Testing September-1</a> | Testing<br>September:<br>VOCA | Testing September:<br>2015 Crime Victims | VOCA     | \$75.00 |                | 1              | 2015VOCA       | Created         | 09/15/2014<br>01:23 PM |

## B. Detail View

1. In “List View”, click the blue link next to the payment for which you want a detailed view
2. This view will show additional information, such as the date and time the payment was last updated or a checkbox to indicate a payment has been confirmed as complete
3. Any comments from Attorney General staff about the timing or amount of the payment, if they vary from expected, will also appear on this view

### Payment Detail

|                 |                          |            |   |
|-----------------|--------------------------|------------|---|
| Payment Number  | 1                        | Created At | 09/15/2014 01:23 PM                       |
| Scheduled Date  |                          | Updated At | 09/15/2014 01:23 PM                       |
| Amount          | \$75.00                  | Payment    | <a href="#">Pymt: Testing September-1</a> |
| Has been paid   | <input type="checkbox"/> |            |   |
| Workflow Status | Created                  |            |   |

### Payee Detail

|           |                                       |              |                         |
|-----------|---------------------------------------|--------------|-------------------------|
| Applicant | Brian Sass                            | Organization |                         |
| Request   | Testing September: 2015 Crime Victims | Award        | Testing September: VOCA |

### Comments

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No records to display.

## Appendix A – Special Conditions Documents

- Special Condition 11
  - This document allocates grant funds across crime categories, identifies types of victims served, and the services provided through a project
- Special Condition 12
  - Grant regulations prohibit clients from being charged for services provided by VOCA/SVAA funding. Any deviation from this policy must be approved in advance
- Special Condition 13
  - This document must be signed by grantees using funds for rental costs. The grantee is certifying that the rental cost being charged to the grant is consistent with the prevailing rate in the local area
- Special Condition 14
  - Grantees may be required to provide information on fidelity bonding or a collateral security deposit. This document collects information on the fidelity bond or collateral security deposit
- Special Condition 15
  - This certification is an agreement to provide information on and inform clients of the Victim Information Notification Everyday (VINE) system
- Special Condition 17
  - To accept a grant award, organization must certify that they do not have any unresolved federal and/or state debt
- Special Condition 18
  - Federal grant assurances; these assurances also appeared as part of the grant application process
- Special Condition 19
  - Subrecipient organization eligibility requirements; these requirements also appeared as part of the grant application process

- Special Condition 20
  - Contact information and an agreement to report suspected grant fraud and abuse
- Special Condition 21
  - Subrecipients must agree to work with statewide organizations and accept recommended technical assistance and/or training if required as part of the recommendations following a programmatic or financial site visit
- Special Condition 22
  - Subrecipients may have to provide information on their compliance with federal civil rights statutes
- Special Condition 23
  - Non-profit organizations must provide Board President contact information and an updated copy of their Board Bylaws. Non-profits must also agree to distribute an Attorney General publication to charity board members
- Special Condition 24
  - Subrecipients may be required to disclose executive compensation as part of their requirements under the Federal Funding Accountability and Transparency Act (FFATA)
- Special Condition 9
  - Grantees may have to disclose their lobbying activities. Note that this form may not be submitted electronically
- Special Condition 10
  - Subrecipients may have to certify that they are not debarred, suspended, proposed for debarment, declared ineligible, or are voluntarily excluded from participation from receiving a grant award by any Federal department or agency. Note that this form may not be submitted electronically
- Special Condition 16
  - To accept the grant award, subrecipients may have to certify their compliance with regulations issued by the Office for Civil Rights (OCR), Office of Justice Programs (OJP), U.S. Department of Justice. Subrecipients may also be required to submit an EEO as part of this Special Condition. Note that this form may not be submitted electronically
- Grant Award and Acceptance

- Grantees must agree to accept the award amount and explicit costs noted on this form. Grantees who would prefer the cost items be changed before accepting the award should note the changes on this form, as a written attachment, or via email in advance of award acceptance. Note that this form may not be submitted electronically