

Ohio Attorney General Mike DeWine
2017 Rape Crisis Fund Application
Financial Addendum for Expansion Grant Applicants

Demographic Profile

Service Area

Please provide a racial profile of each county, city, village, or region to be served.

	<u>Svc. Area 1</u>	<u>Svc. Area 2</u>	<u>Svc. Area 3</u>	<u>Svc. Area 4</u>
NAME OF SERVICE AREA:	_____	_____	_____	_____
Caucasian:	_____	_____	_____	_____
African American:	_____	_____	_____	_____
Hispanic:	_____	_____	_____	_____
Asian:	_____	_____	_____	_____
Native American:	_____	_____	_____	_____
Others:	_____	_____	_____	_____
TOTALS:	_____	_____	_____	_____

Underserved Victims

Check all the types of victims, classified as underserved, that your agency is equipped to serve.

- _____ Senior citizens
- _____ Non-English Speaking victims
- _____ Disabled persons
- _____ Members of racial or ethnic minorities
Identify: _____
- _____ Residents of rural areas
- _____ Residents of inner cities
- _____ Homeless victims of crime
- _____ Victims classified as aged-out of the foster system
- _____ Victims that self-identify as LGBTQ
- _____ Victims that self-identify as mentally ill
- _____ Other
Identify: _____

Cultural Diversity of Applicant Agency

These statistics should reflect the entire agency.

	<u>Volunteers</u>	<u>Staff</u>	<u>*Governing Boards</u>
Caucasian:	_____	_____	_____
African American:	_____	_____	_____
Hispanic:	_____	_____	_____
Asian:	_____	_____	_____
Native American:	_____	_____	_____
TOTALS:	_____	_____	_____

* Governing Boards need only be shown for non-profit organizations.

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. Also, please submit the minutes from the last two organization board meetings.

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?

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 _____
Email: _____
Phone _____

Law Enforcement (Police or Sheriff) _____
Email: _____
Phone _____

City/County Prosecutor _____
Email: _____
Phone _____

Other Victim Service Provider _____
Email: _____
Phone _____

OTHER

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

Is your organization affiliated with the United Way? Yes No
If so, which chapter? _____

Is your organization a member of a national or regional organization? Yes No
Are your services standardized through this membership? Yes No

Please list the memberships: _____

Is your organization accredited? Yes No

If so, by whom? _____

How often is your organization evaluated/monitored by this accrediting authority? _____

Does your program/organization collect data on any facet of your service or service population? Yes No

What data is collected and for what purpose? _____

BUDGETARY INFORMATION
Income Statement, Balance Sheet, and Budgets

All Applicants

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

Budget Revenue Information

Provide the total dollar amount only of projected revenue to be received by your crime victims program for direct victims service by specific funding source.

Source	Projected Revenue 7/1/16 – 6/30/17
FEDERAL	
___VOCA_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Subtotal_____
STATE	
___SVAA_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Subtotal_____
LOCAL	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Subtotal_____
OTHER	
___Fundraising/Donations___	\$ _____
_____	\$ _____
	Subtotal_____
Total Budget: _____	

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. This narrative should justify all costs against the goal of the Rape Crisis Fund Expansion Grant: to expand your agency's offered services toward meeting all Core Standards for Rape Crisis Programs.

Budget Computations

Prepare 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.

Example

<u>Title</u>	<u>Name/Vacant</u>	<u># of Hours</u>	<u>Hourly Rate</u>	<u>Salary</u>
<i>Volunteer Coord.</i>	<i>John Doe</i>	<i>2080</i>	<i>X 8.90</i>	<i>\$18512</i>
<u>Fringe Benefits</u>	<u>% Rate or Monthly Rate</u>		<u>Eligible Wage Amt. or # of Months</u>	<u>Employer's Share of Fringes</u>
PERS (Units of Govern.)			X =	
Medicare (Units of Govern.)	<i>7.65%</i>		X <i>\$18512</i> =	<i>\$1416.17</i>
FICA (Private Agencies)			X =	
Pension (Name)			X =	
Health Insurance – <i>Blue Cross</i>	<i>\$99.37</i>		X <i>12 mos.</i> =	<i>\$1,192.44</i>
Workers Compensation-Required	<i>.03851</i>		X <i>\$18512</i> =	<i>\$712.90</i>
Unemployment Comp. (Contributing Agency Rate Only)	<i>.0725</i>		X <i>\$9,000.00</i> =	<i>\$652.50</i>
Other – <i>Life & Dental</i>	<i>\$29.49</i>		X <i>12 mos.</i> =	<i>\$353.88</i>
			Fringes Subtotal =	<i>\$4327.89</i>
			Salary + Fringes =	<i>\$22839.89</i>

List the full hourly rate of this position including all funding sources *\$12.40*

What other sources of funding contributes to this position? *United Way*

Budget Computation Worksheets

Personnel

If more personnel sheets are required, please copy this page. Applicants are responsible for ensuring that the figures are accurate.

<u>Title</u>	<u>Name/Vacant</u>	<u># of Hours</u>	<u>Hourly Rate</u>	<u>Salary</u>
			X	=
<u>Fringe Benefits</u>	<u>% Rate or Monthly Rate</u>	<u>Eligible Wage Amt. or # of Months</u>		<u>Employer's Share of Fringes</u>
PERS (Units of Govern.)		X		=
Medicare (Units of Govern.)		X		=
FICA (Private Agencies)		X		=
Pension		X		=
Health Insurance		X		=
Workers Compensation- Required		X		=
Unemployment Comp. (Contributing Agency Rate Only)		X		=
Other		X		=
			Fringes Subtotal =	
			Salary + Fringes =	

List the full hourly rate of this position including all funding sources: \$ _____

Worksheet for Other Expenses

CONSULTANTS

Name	Service	Hourly Fee		Time	Cost
_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	X	_____	= _____

Consultant Subtotal = \$ _____

Must include an explanation for selection of consultant: _____

CONTRACT HELP

Name	Service	Hourly Fee		Time	Cost
_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	X	_____	= \$ _____

Contract Subtotal = \$ _____

Must include an explanation for selection of contractors: _____

RENT

Financial Institution or Landlord	Monthly Payment	Time	Cost
_____	_____	X _____	= \$ _____
_____	_____	X _____	= \$ _____

Rent Subtotal = \$ _____

TELEPHONE

Phone Equipment	Cost	Monthly Cost	Time	Cost
_____	\$ _____	_____	X _____	= \$ _____
_____	\$ _____	_____	X _____	= \$ _____
_____	\$ _____	_____	X _____	= \$ _____
_____	\$ _____	_____	X _____	= \$ _____

Telephone Subtotal = \$ _____

SUPPLIES

Item	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Supplies Subtotal = \$ _____

UTILITIES

Item	Cost/Month		Time	Cost
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____

Utilities Subtotal = \$ _____

PRINTING

Item Description	Unit Price		# Printed	Cost
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____

Printing Subtotal = \$ _____

TRAVEL

Miles		Rate/Mile	Cost
_____	X	\$0.52 _____	\$ _____
Travel Subtotal			\$ _____

OTHER CATEGORIES

Important Note: Training includes conference costs and travel up to a maximum of \$.52 per mile. (Examples of items you may request in this category include, but are not limited to: Dues, In-State Training, and Emergency Funds)

Description	Cost
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____

Other/Subtotal = \$ _____

BUDGET SUMMARY for Rape Crisis Fund Expansion Grants
 For the Funding Period July 1, 2017- June 30, 2018

Category	Request	Category	Request
Personnel		Groceries	
Consultants		Utilities	
Contract Help		Travel	
Rent		Printing	
Telephone		Other	
Supplies			

Total Request \$ _____