

**CRIME VICTIM SERVICES
COMMISSION
VICTIMS OF CRIME ACT
(VOCA)
CRIME VICTIM ASSISTANCE
GRANT PROGRAM**

**VOCA GRANT APPLICATION
WORKSHOP
FY 2016-2017**

**VOCA CRIME VICTIM ASSISTANCE
GRANT PROGRAM**

AGENDA

- **WELCOME AND STAFF INTRODUCTION**
- **WHAT IS VOCA?**
- **HOW DO YOU APPLY?**
- **GETTING YOUR BUDGET IN ORDER**
- **HOW TO NAVIGATE EGRAMS and PORTAL**
- **GUIDANCE ON COMPETITIVE PROCESS**

CRIME VICTIM SERVICES COMMISSION

- **STATE ADMINISTRATIVE AGENCY**
- **ADMINISTERS VOCA COMPENSATION AND ASSISTANCE GRANTS**
- **ADMINISTERS STATE VICTIM RIGHTS FUNDS**
- **CRIME VICTIM COMPENSATION PROGRAM**
- **SAFE RESPONSE**

WHAT IS VOCA?

VICTIMS OF CRIME ACT

CRIME VICTIM ASSISTANCE GRANT

- **VICTIMS OF CRIME ACT OF 1984**
- **CRIME VICTIM FUND – FEDERAL FINES**
- **GRANTS TO STATES FOR CRIME VICTIM
COMPENSATION AND ASSISTANCE GRANTS**

PURPOSE

**PROMOTES AND SUPPORTS
QUALITY SERVICES
TO VICTIMS OF CRIME
THROUGHOUT MICHIGAN**

WHAT AREN'T DIRECT SERVICES

- **PROSECUTION**
- **PREVENTION**
- **AWARENESS ACTIVITIES**

HOW DO YOU APPLY?

APPLICATION OVERVIEW

- **GENERAL REQUIREMENTS**
- **MAKING YOUR CASE FOR VOCA FUNDS**
- **WHAT TYPES OF SERVICES WILL VOCA FUND?**
- **VOCA'S ELIGIBLE CORE SERVICES**
- **WHAT TYPES OF CRIME SURVIVORS ARE ELIGIBLE?**
- **IMPORTANCE OF RELATIONSHIP BUILDING WITH CVSC**

GENERAL REQUIREMENTS

- **PUBLIC OR NON PROFIT ORGANIZATION**
- **HAVE A RECORD OF PROVIDING EFFECTIVE DIRECT SERVICES TO CRIME VICTIMS**
- **CONTRIBUTE MINIMUM MATCH 20% OR 5%**
- **USE VOLUNTEERS**
- **OFFER SERVICES TO VICTIMS FREE OF CHARGE**
- **ASSIST VICTIMS WITH APPLYING FOR CRIME VICTIM COMPENSATION**
- **OFFER SERVICES TO VICTIMS OF FEDERAL CRIME**

APPLICANT REQUIREMENTS

- **EMPLOYER IDENTIFICATION AND DUNS NUMBERS REQUIRED**
- **NOT DELINQUENT ON ANY FEDERAL DEBT**
- **SERVICES MAY NOT BE SUBCONTRACTED**
- **MAINTAIN CIVIL RIGHTS STATISTICS**
- **DOCUMENT
COORDINATION/COLLABORATION**
- **NOT SUPPLANT FUNDS**

MAKING YOUR CASE FOR VOCA FUNDS

**SHOW THAT SERVICES YOU PROVIDE
WILL FULFILL ONE OR MORE UNMET
NEEDS IN YOUR COMMUNITY**

YOU MUST:

- **DETERMINE YOUR ELIGIBILITY**
- **PROPOSE PROJECT PLAN**
- **PROPOSE STAFFING PLAN**
- **PROPOSE FINANCIAL PLAN**
- **EVALUATE PROGRAM SERVICES**
- **PROVIDE CONFIDENTIAL SERVICES**
- **CERTIFY COMPLIANCE WITH ASSURANCES**
- **COMPLY WITH LAWS AND REGULATIONS**
- **ACT WITH INTEGRITY APPLICATION/REPORTING**

WHAT TYPES OF SERVICES WILL VOCA FUND?

- **RESPOND TO EMOTIONAL AND PHYSICAL NEEDS OF CRIME VICTIMS**
- **ASSIST VICTIMS OF CRIME TO STABILIZE THEIR LIVES AFTER VICTIMIZATION**
- **ASSIST VICTIMS TO UNDERSTAND AND PARTICIPATE IN THE CRIMINAL JUSTICE SYSTEM**
- **RESTORE A MEASURE OF SAFETY AND SECURITY**

VICTIMS OF CRIME ACT

ALLOWABLE

- CRISIS INTERVENTION
- ACCOMPANIMENT
- COUNSELING
- PERSONNEL COSTS RELATED TO DIRECT SERVICES
- ASSISTANCE WITH
 - COMPENSATION
 - CRIMINAL JUSTICE PROCESS
 - PRACTICAL PROBLEMS

UNALLOWABLE

- LOBBYING
- FUNDRAISING
- OFFENDER REHAB
- PREVENTION
- PROSECUTION ACTIVITIES
- NEEDS ASSESSMENT, SURVEYS, EVALUATION

VICTIMS OF CRIME

ALLOWABLE

- **FORENSIC INTERVIEWS FOR CHILDREN AND OTHERS WITH DISABILITIES**
- **FORENSIC MEDICAL EXAMINATION EXPENSES FOR VICTIMS OF SEXUAL ASSAULT**

UNALLOWABLE

- **FUNDRAISING**
- **CRIME PREVENTION**
- **EXPERT WITNESS TESTIMONY**
- **BOOKEEPING AND AUDIT (ONLY SINGLE AUDIT)**
- **SERVICES TO INCARCERATED**
- **PERPETRATOR REHABILITATION AND COUNSELING**

SERVICES AND VICTIM TYPES

APPENDIX 2

POLICIES AND PROCEDURES

Code of Federal Regulations

MAJOR PROVISIONS

2 CFR PART 200

CLASSIFICATION

OF COSTS

Four Basic Types of Costs

Allowable Costs – costs that are necessary, reasonable, allocable, not prohibited under State/local laws or regulations. Costs must conform to any limitations set forth in Federal laws, and comply with the terms and conditions of the VOCA grant award.

Unallowable Costs – costs not allowed under Federal programs include, but are not limited to lobbying, land acquisition, fund raising, entertainment, contingencies, and alcoholic beverages.

Costs not authorized – costs are not authorized when there is no consent from CVSC to incur costs, not included in the approved budget, or occurs before or after the grant award period.

Costs deemed excessive or unreasonable – when its nature and amount exceeds that which would be incurred by a prudent person when the decision was made.

Indirect Cost rate – Non-federal entities that have never received a negotiated indirect cost rate (ICR) may elect to charge the de minimis rate of 10% of modified total direct costs (MTDC). The de minimis rate must be used consistently for all federal awards.

WHAT COSTS CAN BE INCLUDED IN YOUR BUDGET?

**Cost Principles for Educational Institutions,
State, Local and Indian Tribal Governments
and Non-Profit Organizations**

REQUIRES THAT A COST BE:

- ALLOWABLE**
- NECESSARY FOR THE PERFORMANCE OF THE PROJECT**
- REASONABLE**
- ALLOCABLE TO THE PROJECT AND CONSISTENTLY TREATED**
- NON-PROFITABLE**
- CLAIMED AGAINST ONLY ONE AWARD, and**
- PERMISSABLE UNDER STATE & FEDERAL LAWS AND REGULATIONS**

CLASSIFICATION OF COSTS

- **DIRECT COSTS, generally include:**
 - **COSTS IDENTIFIED SPECIFICALLY WITH AN ACTIVITY**
 - **SALARIES AND WAGES (INCLUDING HOLIDAYS, SICK LEAVE, ETC) FOR DIRECT LABOR EMPLOYEES**
 - **OTHER EMPLOYEE FRINGE BENEFITS ALLOCABLE TO DIRECT LABOR EMPLOYEES**

CLASSIFICATION OF COSTS

- **A DIRECT COSTS, generally include:**
 - **CONSULTANT SERVICES CONTRACTED TO ACCOMPLISH SPECIFIC PROJECT OBJECTIVES**
 - **TRAVEL OF DIRECT LABOR EMPLOYEES**
 - **MATERIALS/SUPPLIES PURCHASED DIRECTLY FOR USE ON A SPECIFIC PROJECT**

CLASSIFICATION OF COSTS

- Indirect costs generally are costs not readily identifiable with a particular grant or contract such as:
 - Building maintenance
 - Telephone expense
 - Supplies
 - Depreciation
 - Rental Expense

Pre-Agreement Cost Approval

Please be aware that costs incurred prior to the start date of the award may not be charged to the project.

BUDGET REQUIREMENTS

- Applicants must submit reasonable budgets based on the resources needed to implement your project in your specific geographic location. The budget should display a clear link between the specific project activities and the proposed budget items. Specifically, the budget should not contain any items that are not detailed in the project narrative. The budget summary narrative must support all costs included in the budget and explain how the costs of goods and services are determined and how they will fulfill the overall objective of the project.
- The budget must adhere to the VOCA Policies and Procedures and the DOJ Grants Financial Guide.
- No costs prior to the beginning or after the project period.

BUDGET MUST INCLUDE:

1. Include a budget narrative that supports and justifies all proposed costs and provides a clear link between the specific project activities and proposed budget items;
2. Include a budget that reflects all costs related to implementing the proposed project and provides calculations for all costs;
3. Provide an explanation of proposed expenses that is detailed, complete, reasonable and within estimated limits;
4. Exclude any unrelated or out-of-scope costs for the proposed project;
5. Reflect 12 months of project activity;
6. Reflect that all staff are fairly compensated for their participation in any project related activities.

ACCOMMODATIONS AND LANGUAGE ACCESS

Recipients of VOCA Grant funds must comply with applicable federal civil rights laws, which among other things, prohibit discrimination on the basis of disability and national origin. This includes taking reasonable steps to ensure that persons with limited English proficiency (LEP) have meaningful access to recipients' programs and activities.

www.lep.gov

More information about these obligations is available at www.lep.gov.

Applicants are encouraged to allocate grant funds to support activities that help ensure individuals with disabilities, Deaf individuals, and persons with limited English proficiency have meaningful and full access to their programs. For example, grant funds can be used to support American Sign Language (ASL) interpreter services, language interpretation and translation services or the purchase of adaptive equipment.

Cultural Competency

Applicants **must be** culturally competent when providing services to victims. Victim service providers must have the ability to blend cultural knowledge and sensitivity with victim restoration skills for a more effective and culturally appropriate recovery process.

Program Assessments

Applicants **may not** use any VOCA grant funds to conduct research. However, funds in the budget may be allocated for the purpose of assessing the effectiveness of funded activities. For example, funds may be used to conduct pre- and post-testing of volunteers or for victim satisfaction surveys. In conducting such testing or surveys, grantees may not collect, analyze or disseminate any information that would disclose the identity of an individual.

Cultural competency occurs when:

- a) cultural knowledge, awareness and sensitivity are integrated into action and policy;
- b) the service is relevant to the needs of the community and provided by trained staff, board members, and management; and
- c) an advocate or organization recognizes each client is different with different needs, feelings, ideas and barriers.
- VOCA Grant funds may be allocated for staff training to enhance the skills of direct service providers.

WORKPLAN

**PERFORMANCE OUTCOME
REPORTING FOR EACH
ACTIVITY PERFORMED BY
GRANT STAFF**

PROPOSAL REVIEW

- EACH APPLICATION WILL BE REVIEWED UTILIZING THE SCORING SHEET.
- ELIGIBILITY REVIEW
- APPLICANT AGENCY CAPACITY
- CLEAR STATEMENT OF, AND CONTRIBUTING FACTORS TO, THE PROBLEMS/ISSUE(S) TO BE ADDRESSED.
- POPULATION TO BE SERVED

PROPOSAL REVIEW (CONTINUED)

- ACTIVITIES
- COLLABORATION
- INTENDED OUTCOMES SPECIFIED
- BUDGET
- EVALUATION PLAN
- RECONSIDERATION/APPEAL IF DENIED

QUESTIONS



VOCA Application Process

March 2016



Egrams Addresses

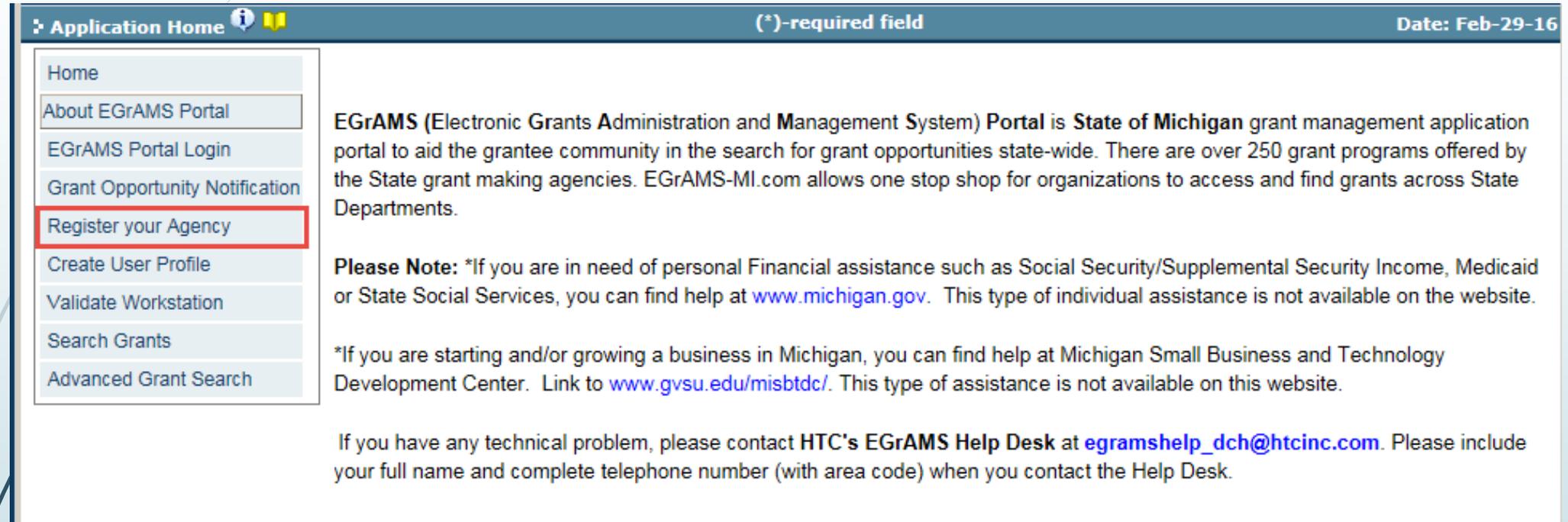
- Egrams
- VOCA Application
- Egrams Portal

<https://egramsmi.com/dch>

<http://egramsmi.com/portal/>

You have to use Internet Explorer when using the Egrams System.

Creating an Agency Profile



The screenshot shows the EGrAMS Portal interface. At the top, there is a navigation bar with 'Application Home', a user icon, a notification icon, and the text '(*)-required field'. The date 'Date: Feb-29-16' is displayed in the top right corner. On the left side, there is a vertical menu with the following items: 'Home', 'About EGrAMS Portal', 'EGrAMS Portal Login', 'Grant Opportunity Notification', 'Register your Agency' (highlighted with a red border), 'Create User Profile', 'Validate Workstation', 'Search Grants', and 'Advanced Grant Search'. The main content area contains the following text:

EGrAMS (Electronic Grants Administration and Management System) Portal is **State of Michigan** grant management application portal to aid the grantee community in the search for grant opportunities state-wide. There are over 250 grant programs offered by the State grant making agencies. EGrAMS-MI.com allows one stop shop for organizations to access and find grants across State Departments.

Please Note: *If you are in need of personal Financial assistance such as Social Security/Supplemental Security Income, Medicaid or State Social Services, you can find help at www.michigan.gov. This type of individual assistance is not available on the website.

*If you are starting and/or growing a business in Michigan, you can find help at Michigan Small Business and Technology Development Center. Link to www.gvsu.edu/misbtcd/. This type of assistance is not available on this website.

If you have any technical problem, please contact **HTC's EGrAMS Help Desk** at egramshelp_dch@htcinc.com. Please include your full name and complete telephone number (with area code) when you contact the Help Desk.

- Go to the Egrams Portal: <http://egrams-mi.com/portal/>
- Click on Register your Agency

Creating an Agency Profile

General Information Contact Information Attachments Demographic

General Information

*Federal ID: *Agency Name:
DUNS Number: Vendor Reference:
*Address Line 1: Address Line 2:
*City: *State: ... *Zip:
Website:
Faith Based: Yes No MI based business: Yes No NA
*Agency Type: ... Agency Sub-Type: ...

Contact Information

*Contact Person: *Email:
*Phone: Ext: Fax:
Mailing Address Same: Yes ... Agency Xref [Set relation with Grantor Agencies](#)

	Code	County	Primary
<input type="checkbox"/>	<input type="text"/> ...	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> ...	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> ...	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> ...	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> ...	<input type="text"/>	<input type="checkbox"/>

- Fill out the General Information tab.
- Under Agency Xref click Set relation with Grantor Agencies.

Creating an Agency Profile (Agency Xref)

Agency		Agency Class	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

- Using the “Look Up” menu (shown above in in Red) select Michigan Department of Health and Human Services. Select Grantee Agency as your Agency Class. Click OK to save.
- Once the entire General Information Tab has been completed click the ok button to submit the Agency Profile.

Creating a User Profile



Michigan.gov
The Official State of Michigan Website

EGrAMS Application

Application Home (*)-required field Date: Feb-18-16

- Home
- About EGrAMS Portal
- EGrAMS Portal Login
- Grant Opportunity Notification
- Register your Agency
- Create User Profile**
- Validate Workstation
- Search Grants
- Advanced Grant Search

EGrAMS (Electronic Grants Administration and Management System) Portal is **State of Michigan** grant management application portal to aid the grantee community in the search for grant opportunities state-wide. There are over 250 grant programs offered by the State grant making agencies. EGrAMS-MI.com allows one stop shop for organizations to access and find grants across State Departments.

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*If you are starting and/or growing a business in Michigan, you can find help at Michigan Small Business and Technology Development Center. Link to www.gvsu.edu/misbt/dc/. This type of assistance is not available on this website.

If you have any technical problem, please contact **HTC's EGrAMS Help Desk** at egramshelp_dch@htcinc.com. Please include your full name and complete telephone number (with area code) when you contact the Help Desk.

- Go to the Egrams Portal: <http://egrams-mi.com/portal/>
- Click on Create User Profile

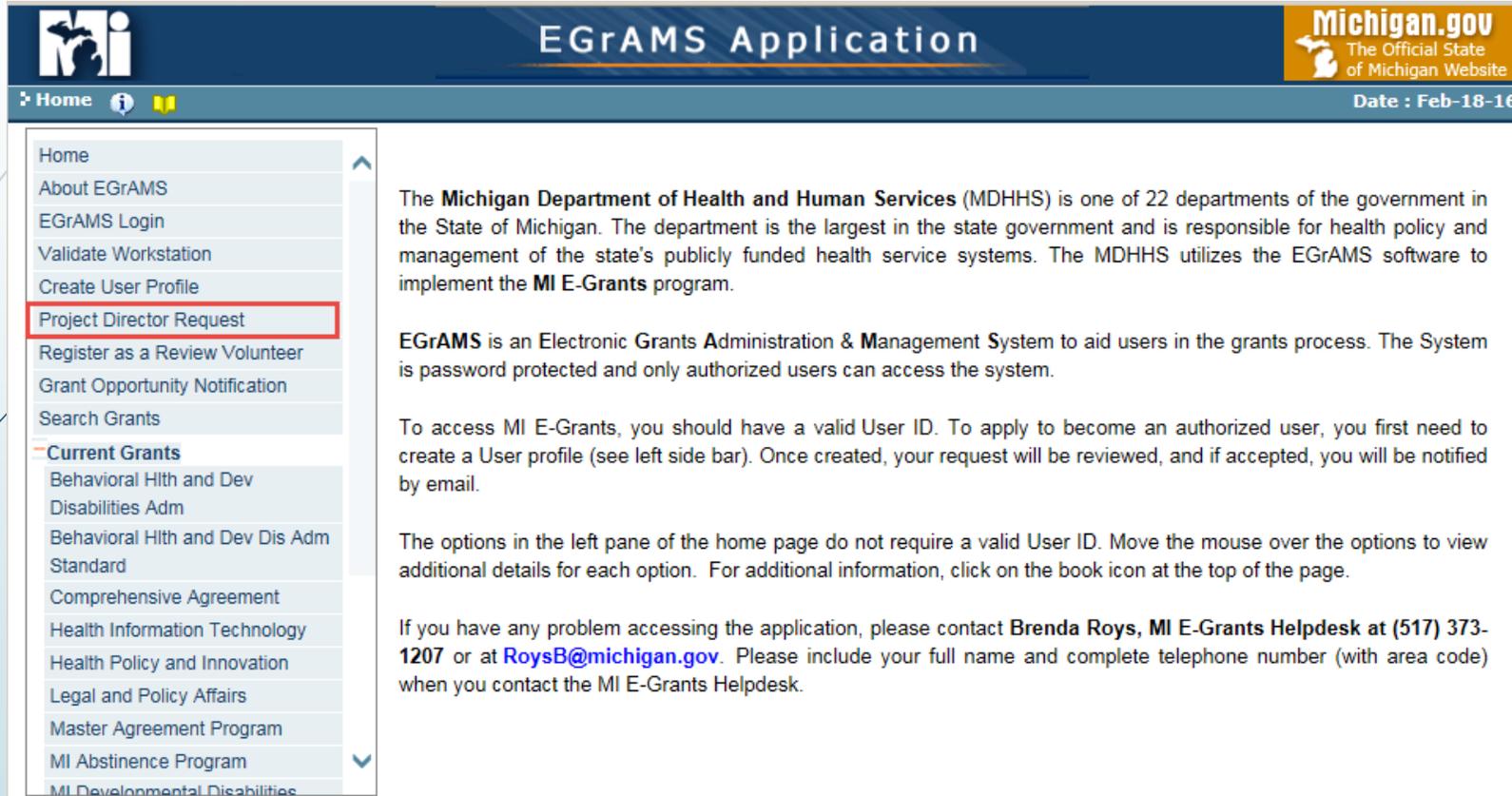
Creating a User Profile

User Details

*Login Name:	<input type="text"/>		
*Password:	<input type="text"/>	*Confirm Password:	<input type="text"/>
*First Name:	<input type="text"/>	*Last Name:	<input type="text"/>
*Display Name:	<input type="text"/>		
*Address Line 1:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
*City :	<input type="text"/>	*State : <input type="text"/>	*Zip 1: <input type="text"/> Zip 2: <input type="text"/>
*Phone :	<input type="text"/>	Phone Extension :	<input type="text"/>
Fax :	<input type="text"/>	Menu Style :	Drop Down List ▼
*e-Mail Address :	<input type="text"/>		
Designation/Title :	<input type="text"/>	*Role Code :	<input type="text"/>
Parent Agency :	<input type="text"/>		
*County :	<input type="text"/>		
Agency Xref	Setup Your Roles For Grantor Agencies		
Password Reset :	<input type="radio"/> Yes <input checked="" type="radio"/> No	User Status :	Active ▼ <input type="button" value="Show Security"/>

- Fill out the profile and click ok to submit.
- Select Grantee for Role Code.
- Under Agency Xref click Setup Your Roles for Grantor Agencies. Using the “Look Up” menu (shown above in Red) select Michigan Department of Health and Human Services. Select Grantee Agency as your Agency Class. Click OK to save.
- When searching for your Agency name put a % in front and behind your agency’s name when you search. This will shorten the list. For instance %flower inc%

Request Access to the Application



Michigan.gov
The Official State
of Michigan Website

EGrAMS Application

Home ⓘ

Date : Feb-18-16

- Home
- About EGrAMS
- EGrAMS Login
- Validate Workstation
- Create User Profile
- Project Director Request**
- Register as a Review Volunteer
- Grant Opportunity Notification
- Search Grants
- Current Grants**
- Behavioral Hlth and Dev Disabilities Adm
- Behavioral Hlth and Dev Dis Adm Standard
- Comprehensive Agreement
- Health Information Technology
- Health Policy and Innovation
- Legal and Policy Affairs
- Master Agreement Program
- MI Abstinence Program
- MI Developmental Disabilities

The **Michigan Department of Health and Human Services (MDHHS)** is one of 22 departments of the government in the State of Michigan. The department is the largest in the state government and is responsible for health policy and management of the state's publicly funded health service systems. The MDHHS utilizes the EGrAMS software to implement the **MI E-Grants** program.

EGrAMS is an **Electronic Grants Administration & Management System** to aid users in the grants process. The System is password protected and only authorized users can access the system.

To access MI E-Grants, you should have a valid User ID. To apply to become an authorized user, you first need to create a User profile (see left side bar). Once created, your request will be reviewed, and if accepted, you will be notified by email.

The options in the left pane of the home page do not require a valid User ID. Move the mouse over the options to view additional details for each option. For additional information, click on the book icon at the top of the page.

If you have any problem accessing the application, please contact **Brenda Roys, MI E-Grants Helpdesk at (517) 373-1207** or at RoysB@michigan.gov. Please include your full name and complete telephone number (with area code) when you contact the MI E-Grants Helpdesk.

- Go to the Egrams: <https://egrams-mi.com/dch>
- Click on Project Director Request

Request Access to the Application

Do you have a valid EGrAMS Login Name:	<input type="radio"/> Yes <input type="radio"/> No
*EGrAMS Login Name:	<input type="text"/>
*Password :	<input type="text"/>
Agency :	<input type="text"/>
<hr/>	
Is this your correct agency:	<input type="radio"/> Yes <input type="radio"/> No
*Grant Category:	<input type="text"/> ... <input type="text"/>
*Grant Program:	<input type="text"/> ... <input type="text"/>

- Fill out the Project Director Request.
- The Grant Category is Legal and Policy Affairs
- You will be notified by email when your request has been accepted. You will not be able to fill out the application until your Project Director Request has been accepted by CVSC.

Assigning Users to your Grant

Michigan.gov
The Official State of Michigan Website

EGrAMS Application

Grantee: Project Director Assign Agency Users Home | Logout

Assign Users Timeout: 20 mins Date: Jan-09-12

Specify your search criteria below and Click Find.

Grant Program: Agency:

Project Code Project Title Assign To Users

Project Code	Project Title	Assign To Users	Login Id	User Name	User Status	Role	Perm Code	Appl. Cat.	Perm. Status	Def.
<input type="checkbox"/>		<input type="checkbox"/>			<input checked="" type="checkbox"/>		1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			<input checked="" type="checkbox"/>		4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			<input checked="" type="checkbox"/>		1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			<input checked="" type="checkbox"/>		9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			<input checked="" type="checkbox"/>		1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			<input checked="" type="checkbox"/>		1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			<input checked="" type="checkbox"/>		1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Find OK Cancel

- The Project Director will go to the Egrams: <https://egramsmi.com/dch>
- Log in and select Grantee, Project Director, and Assign Area Users for the search boxes and click GO.
- Select the grant program that you would like to make changes to.
- Agency should be prepopulated.
- Click the Find button then the Assign button.
- User Listing: All registered Users of the system for your agency will appear in this list.
- If the User is not shown, verify with the user that he/she has created profile.
- If the User has created a profile and you're still unable to view them in the list contact the MI E-Grants MDCH System Administrator.
- User Status: Check box next to the name of the user to activate user to selected program.
- Role: System has pre-populated information.

Assigning Users to your Grant

- ▶ Perm Code: Your agency will need an Authorized Official, Finance Officer, and Project Director. These have to be three separate people.
 - ▶ *Authorized Official* – individual authorized to sign binding agreements on behalf of the agency. This permission can accept/revise allocations, submit a grant application, electronically execute an agreement/amendment and submit nonfinancial progress reports, if funding is awarded.
 - ▶ *Finance Officer* – individual that oversees financial operations and submits financial reports for the agency. This permission can accept/revise allocations, enter information into the application, review an agreement/amendment and submit financial reports, if funding is awarded.
 - ▶ *Project Director* – individual that oversees the day-to-day program operations for the agency or a project/program for the agency. This permission can review allocations, enter information into the application, review an agreement/amendment and submit nonfinancial reports, if funding is awarded. This permission also assigns permissions to other users in the agency.
 - ▶ *Reports Administrator* – individual that completes grant monitoring activities for the agency. This permission can enter information into a progress report after funding is awarded.
 - ▶ *Grant Writer* – individual that writes grant applications for the agency. This permission can enter information into the grant application.
 - ▶ *Reviewer* – individual that reads application to assure accuracy and completeness. This permission has read access only and can review the application and agreement/amendment language.
- ▶ Perm Status: Check this box to give them access to the system.
- ▶ Click OK to save changes.

Getting to the Application

The screenshot shows the EGrAMS Application interface. At the top, there is a navigation bar with 'Michigan.gov' and 'The Official State of Michigan Website'. Below this, there are dropdown menus for 'Grantee', 'Grant Application', and 'Enter Grant Application'. The main content area displays a table of grant applications. The table has columns for 'Program', 'Description', 'Agency Name', and 'Submit Date'. The first row shows 'CRIME-F' for 'Victims of Crime Act- 7.11.2013 (Purpose Area)' with a submit date of '8/15/013 5:00:00 PM'. The second row shows 'CRIME-F' for 'Victims of Crime Act- 7.11.2013 (Purpose Area)' with the agency name 'Arab Community Center for Economic and Social Services' and a submit date of 'Application Entry / Work in Progress'. Red arrows point from yellow boxes below to these specific fields in the table. A 'Cancel' button is visible at the bottom right. Below the table, there is a text prompt: 'After selecting a application to begin, the system will prompt you to verify the application submission deadline date/time. Click "OK" to begin entering the application.'

Program	Description	Agency Name	Submit Date
CRIME-F	Victims of Crime Act- 7.11.2013 (Purpose Area)		8/15/013 5:00:00 PM
CRIME-F	Victims of Crime Act- 7.11.2013 (Purpose Area)	Arab Community Center for Economic and Social Services	Application Entry / Work in Progress

Program ID

Your application

Agency Name and Submit Date

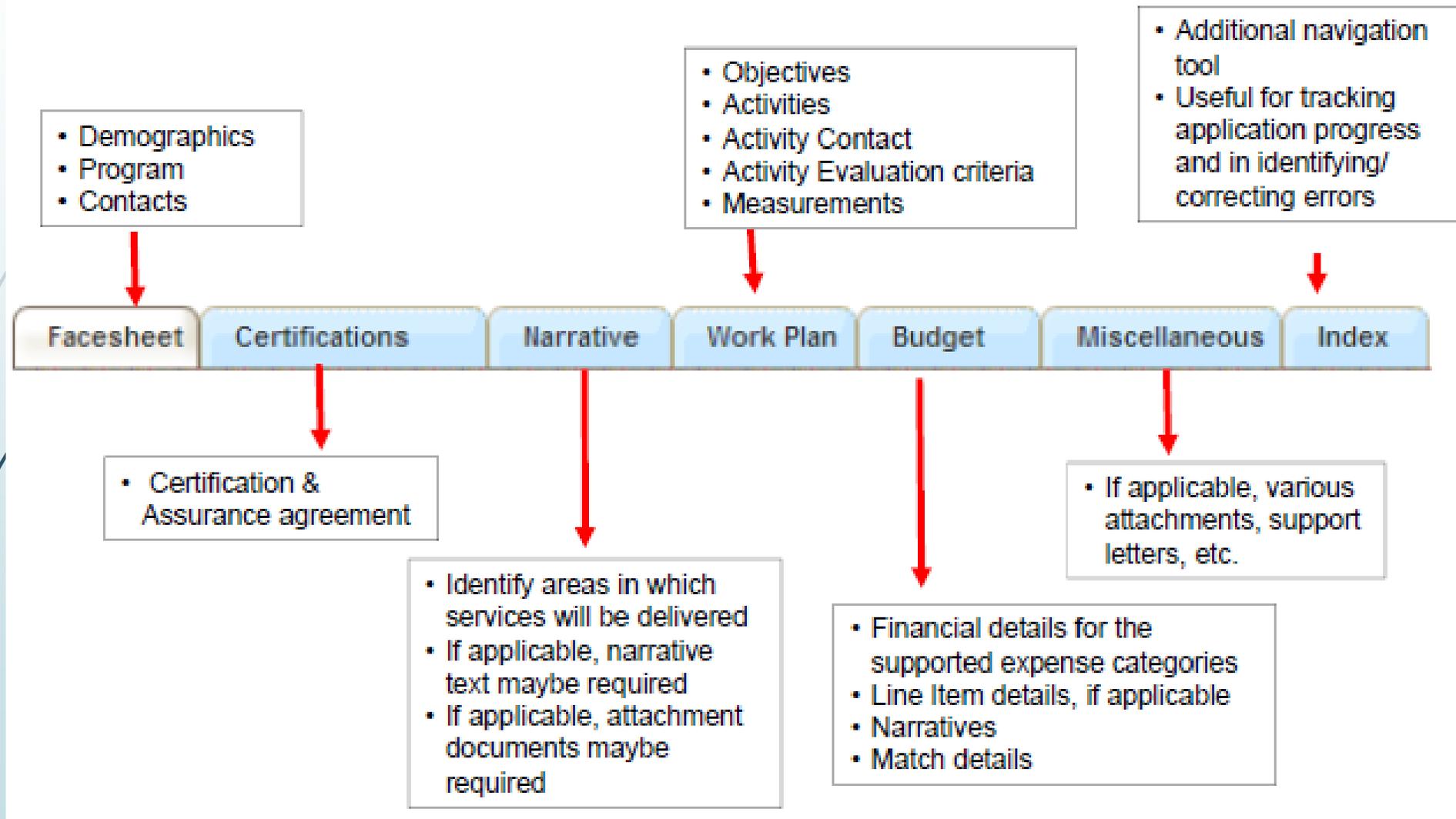
After selecting a application to begin, the system will prompt you to verify the application submission deadline date/time.
Click "OK" to begin entering the application.

Cancel

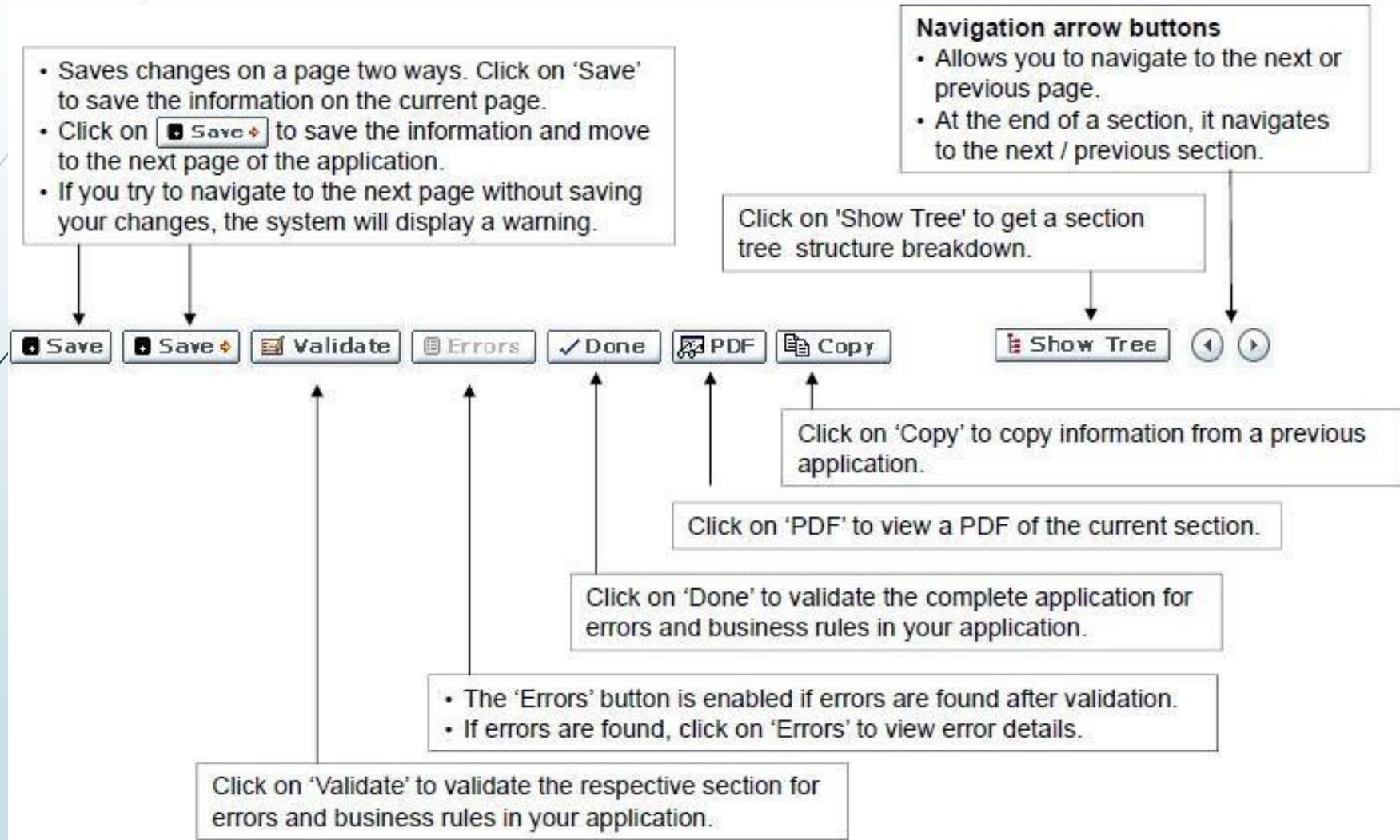
User Name: Jaber [H Jaber] Agency: Arab Community Center for Economic and Social Services

- Go to the Egrams: <https://egramsmi.com/dch>
- Click on EGrAMS Login.
- Log in and select Grantee, Grant Application and Enter Grant Application for the search boxes and click GO.
- Once at the Grant Application Entry Screen select a Grant Program, it should be VOCA Crime Victim Assistance- 20XX (with the year you are applying for). Click the 'Go' button. Your application will be displayed.

Navigating the Application



Navigating the Application



Facesheet-Demographic Information

1. Fiscal Agent Information - Page 1		Show Instructions
a. *Fiscal Agent Name	<input type="text"/>	
b. Organizational Unit	<input type="text"/>	
c. *Address	<input type="text"/>	
d. Address 2	<input type="text"/>	
e. *City	<input type="text"/> *State <input type="text"/>	<input type="text"/> *Zip 1 <input type="text"/> Zip 2 <input type="text"/>
f. *Federal ID Number	<input type="text"/>	Reference No. <input type="text"/>
g. Agency's fiscal year (beginning month and day)	<input type="text"/> - <input type="text"/>	
h. *Agency type	<input type="radio"/> Native American Tribes <input type="radio"/> Private, Non-Profit <input type="radio"/> Private, Proprietary <input type="radio"/> Public <input type="radio"/> University	

- Egrams prepopulates this information from the your Agency Profile in the Portal. Check to make sure that the information is correct. If the information is incorrect, change it here and update the Portal.
- The Reference number is your agency's DUNS number. You can apply for a DUNS number at www.dnb.com
- The agency's fiscal year us not necessarily the project dates.

Facesheet-Applicant Eligibility

1. Fiscal Agent Information - Page 2

Applicant Eligibility

Please complete the following questions by selecting the appropriate radio button based on the applicant agency's response.

The Applicant will:

- | | | | | |
|-----|--|---------------------------|--------------------------|----------------------------|
| 1. | *Demonstrate record of providing effective services for at least one year, or if not, demonstrate that 25-50% of agency's financial support is from non-federal sources. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="checkbox"/> X |
| 2. | *Provide match contributions of cash or in-kind, A) either 20% for public, nonprofit or campus organizations, or B) 5% for Native American tribal organizations. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="checkbox"/> X |
| 3. | *Utilize volunteers. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="checkbox"/> X |
| 4. | *Assists crime victims in applying for Crime Victims Compensation. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="checkbox"/> X |
| 5. | *Promote community efforts to aid crime victims. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="checkbox"/> X |
| 6. | *Comply with federal and state rules regulating grants. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="checkbox"/> X |
| 7. | *Maintain statutorily required data on victims served. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="checkbox"/> X |
| 8. | *Provide services to federal crime victims. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="checkbox"/> X |
| 9. | *Provide services to crime victims at no-charge. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="checkbox"/> X |
| 10. | *Maintain client confidentiality as required by state and federal law. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="checkbox"/> X |
| 11. | *Not discriminate against victims because they disagree with the way the state is prosecuting a criminal case. | <input type="radio"/> Yes | <input type="radio"/> No | <input type="checkbox"/> X |

Facesheet-Organizational Detail

1. Fiscal Agent Information - Page 3

Organization Detail

i. Michigan Solicitation Registration Number: *CCR Registration Yes No

j. State MESC ID Number: Sales Tax License Number:

k. *Is agency or project operations held in a facility 50 years or older? Yes No

l. *Agency Type Detail

Agency Financial Information

m. *Please complete and attach the Financial Capability Questionnaire. Download a copy of the form at URL:
<http://ojp.gov/funding/Apply/Resources/FinancialCapability.pdf>

n. *Select the appropriate radio button to indicate the agency method of accounting.

Accrual
 Cash
 Modified Accrual

o. *The agency certifies that it is not an Iran linked business as defined in MCL 129.312. Yes No

- Nonprofits should include their Michigan Solicitation Registration Number which can be found on your Michigan Solicitation Registration Document.
- All agencies are required to have a CCR registration. This means that you have a DUNS number registered with SAM. Your agencies SAM account will need to be reactivated every year.
www.sam.gov
- The State MESC (Michigan Employment Security Commission) number is the account in which unemployment funds are placed. Most agencies have this account, but not all.

Facesheet-Organizational Detail

1. Fiscal Agent Information - Page 3

Organization Detail

i. Michigan Solicitation Registration Number: *CCR Registration Yes No

j. State MESIC ID Number: Sales Tax License Number:

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n. *Select the appropriate radio button to indicate the agency method of accounting.

Accrual
 Cash
 Modified Accrual

o. *The agency certifies that it is not an Iran linked business as defined in MCL 129.312. Yes No

- ▶ The Sales Tax number is only required of agencies that collect sales tax. We need it whether you need it for our program or not.
- ▶ Please complete and attach the Financial Capability Questionnaire. Do not include a copy of your Audit here, your agencies most recent audit should be uploaded to the Portal. The upload file should be in PDF format with a file name no longer than 13 characters including spaces, and should not include special characters such as _%/@.
 - ▶ This form can be found at <http://ojp.gov/funding/Apply/Resources/FinancialCapability.pdf>

Facesheet-SOM Employee Involvement

1. Fiscal Agent Information - Page 4

State of Michigan Employee Involvement

If former state of Michigan employees are involved in this project in any of the following capacities, the agency should disclose this in the space provided: a. In the performance of any resulting state agreement; b. Oversight or management of any resulting state agreement; or c. Consulting, conferring, or advising on the RFP response (such as in a role of consultant or lobbyist). If not, the agency may respond with an "NA".

- p.** Include the name(s) of former employee(s), department and division worked for, active dates of employment, and describe the role they will have with this RFP or any resulting grant agreement.

Facesheet-Program/Service Information

2. Program Information - Page 1		Show Instructions
a. *Program Name	<input type="text"/>	
b. Is Implementing Agency Same	<input type="radio"/> Yes <input type="radio"/> No	
c. If Not, Implementing Agency Name	<input type="text"/> 	
d. Project Start Date (mm/dd/yyyy)	<input type="text"/> 	End Date (mm/dd/yyyy) <input type="text"/> 
e. Amount of Funds Allocated	<input type="text"/>	Project Cost <input type="text"/>

- ▶ Please indicate if the grantee agency is implementing the program. If 'No' is selected, enter the implementing agency's name. Click on the mailbox to enter the implementing agency's contact information.
- ▶ The project start and end date are typically the state fiscal year of October 1st through September 30th.

Facesheet-Service Impact and Victim Population

2. Program Information - Page 2

Service Impact and Victim Population

f. Purpose of VOCA Grant:

*Select the appropriate radio button to indicate the purpose of the grant.

Continue a VOCA-funded victim services project funded in a previous year Expand or enhance an existing project not funded by VOCA in the previous year

Start up a new victim services project Start up a new Native American victim services project

Expand or enhance an existing Native American victim services project

g. If awarded, these funds will support direct service staff providing services to the following victims:

*Select the appropriate box(es) to indicate which type(s) of victims will be served by the VOCA project.

<input type="checkbox"/> Adult Physical Assault (includes Aggravated and Simple Assault) (UN)	<input type="checkbox"/> Adult Sexual Assault (SA)	<input type="checkbox"/> Adults Sexually Abused/Assaulted as Children (SA)
<input type="checkbox"/> Arson (UN)	<input type="checkbox"/> Bullying (Verbal, Cyber, or Physical) (CA)	<input type="checkbox"/> Burglary (UN)
<input type="checkbox"/> Child Physical Abuse or Neglect (CA)	<input type="checkbox"/> Child Pornography (CA)	<input type="checkbox"/> Child Sexual Abuse/Assault (CA)
<input type="checkbox"/> Domestic and/or Family Violence (DV)	<input type="checkbox"/> DUI/DWI Incidents (UN)	<input type="checkbox"/> Elder Abuse or Neglect (UN)
<input type="checkbox"/> Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other (UN)	<input type="checkbox"/> Human Trafficking: Labor (UN)	<input type="checkbox"/> Human Trafficking: Sex (UN)
<input type="checkbox"/> Identity Theft/Fraud/Financial Crime (UN)	<input type="checkbox"/> Kidnapping: Non-custodial (UN)	<input type="checkbox"/> Kidnapping: Custodial (UN)
<input type="checkbox"/> Mass Violence: Domestic/International (UN)	<input type="checkbox"/> Other Vehicular Victimization (e.g. Hit and Run) (UN)	<input type="checkbox"/> Robbery (UN)
<input type="checkbox"/> Stalking/Harassment (UN)	<input type="checkbox"/> Survivors of Homicide Victims (UN)	<input type="checkbox"/> Teen Dating Victimization (CA)
<input type="checkbox"/> Terrorism: Domestic/International (UN)	<input type="checkbox"/> Other (Please Specify)	

- Select the appropriate radio button to indicate the purpose of the grant.
- Select the appropriate box(es) to indicate which type(s) of victims will be served by the VOCA project.

Facesheet-Service Impact and Victim Population

2. Program Information - Page 3

Service Activities - VOCA Funded Services

h. Identify the VOCA FUNDED SERVICES to be provided by project staff. Check the appropriate box(es).

Information and Referral

- Information about the criminal justice process
- Information about victim rights, how to obtain notifications, etc.
- Referral to other victim service programs
- Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)

Personal Advocacy/Accompaniment

- Victim advocacy/accompaniment to emergency medical care
- Interpreter services
- Victim advocacy/accompaniment to medical forensic exam
- Law enforcement interview advocacy/accompaniment
- Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects)
- Performance of medical forensic exam or interview, or medical evidence collection
- Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
- Intervention with employer, creditor, landlord, or academic institution
- Child or dependent care assistance (provided by agency)
- Transportation assistance (provided by agency)

- Assistance in Filing Compensation Claims is a requirement of the grant.
- Shelter service is an allowable VOCA funded activity this year.

Facesheet-Service Impact and Victim Population

Emotional Support or Safety Services

- Crisis intervention (in-person, includes safety planning, etc.)
- Hotline/crisis line counseling
- On-scene crisis response (e.g., community crisis response)
- Individual counseling
- Support groups (facilitated or peer)
- Other Therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)
- Emergency financial assistance

Shelter/Housing Services

- Emergency shelter or safe house
- Transitional housing
- Relocation assistance

Criminal Civil Justice System Assistance

- Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)
- Criminal advocacy/accompaniment
- Other legal advice and/or counsel
- Victim impact statement assistance
- Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)
- Civil legal attorney assistance in obtaining protection or restraining order
- Civil legal attorney assistance with family law issues (e.g., custody, visitation, or support)
- Other emergency justice-related assistance
- Immigration attorney assistance (e.g., special visas, continued presence application, and other immigration relief)
- Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)
- Law enforcement interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)

Facesheet-Source of Funding

2. Program Information - Page 5

j.	*Source of Funding - Fiscal Year Budget	*Funding Source Type	*YEAR BEING REQUESTED - Date Range 10/1/2016- 9/30/2017	*CURRENT YEAR - Date Range 10/1/2015-9/30/2016	Del
		▼			X
		▼			X
		▼			X
		▼			X
		▼			X
		▼			X
		▼			X
		▼			X
		▼			X
		▼			X

- List source of funds for all victims' service programs within your agency, not just the VOCA funded project.
- Only list funding for victim assistance services.
- Each funding source needs to be listed for the application year and current year if the funding source was used during that time period. If your agency received funding from a source for only one year, list \$0 for the year you didn't receive funding from that source.

Facesheet-Source of Funding

2. Program Information - Page 5

j.	*Source of Funding - Fiscal Year Budget	*Funding Source Type	*YEAR BEING REQUESTED - Date Range 10/1/2016- 9/30/2017	*CURRENT YEAR - Date Range 10/1/2015-9/30/2016	Del
		▼			X
		▼			X
		▼			X
		▼			X
		▼			X
		▼			X
		▼			X

- Federal funds include funds from Department of Justice (VOCA, COPS, Byrne, STOP Grants, Violence Against Women Act Grants), Health and Human Services (Rape Prevention, Family Violence and VOCA Children's Justice Act), Americorps, FEMA, Housing and Urban Development, and McKinney Act grants. Money from any of these federal programs may not be used as source of match for VOCA grants. This is not discretionary. It is a required condition of federal funding to the State of Michigan.
- State funds include any type of funding received from state government sources.
- Local funds include any type of funding received from local governmental sources (county, municipal, and township).
- Other funds include any type of funding received from United Way, foundation grants, donations, fundraising, etc.

Facesheet-Prorate VOCA Project Funds

2. Program Information - Page 6		
k.	VOCA projects	*Amount  Del
	Adult Physical Assault (includes Aggravated and Simple Assault) (UN)	<input type="text"/> 
	Adult Sexual Assault (SA)	<input type="text"/> 
	Adults Sexually Abused/Assaulted as Children (SA)	<input type="text"/> 
	Arson (UN)	<input type="text"/> 
	Bullying (Verbal, Cyber, or Physical) (CA)	<input type="text"/> 
	Burglary (UN)	<input type="text"/> 
	Child Physical Abuse or Neglect (CA)	<input type="text"/> 
	Child Pornography (CA)	<input type="text"/> 
	Child Sexual Abuse/Assault (CA)	<input type="text"/> 
	Domestic and/or Family Violence (DV)	<input type="text"/> 
	DUI/DWI Incidents (UN)	<input type="text"/> 
	Elder Abuse or Neglect (UN)	<input type="text"/> 
	Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other (UN)	<input type="text"/> 
	Human Trafficking: Labor (UN)	<input type="text"/> 
	Human Trafficking: Sex (UN)	<input type="text"/> 
	Identity Theft/Fraud/Financial Crime (UN)	<input type="text"/> 
	Kidnapping: Non-custodial (UN)	<input type="text"/> 
	Kidnapping: Custodial (UN)	<input type="text"/> 
	Mass Violence: Domestic/International (UN)	<input type="text"/> 

Other Vehicular Victimization (e.g. Hit and Run) (UN)	<input type="text"/>	
Robbery (UN)	<input type="text"/>	
Stalking/Harrassment (UN)	<input type="text"/>	
Survivors of Homicide Victims (UN)	<input type="text"/>	
Teen Dating Victimization (CA)	<input type="text"/>	
Terrorism: Domestic/International (UN)	<input type="text"/>	
Other (Please Specify) <input type="text"/>	<input type="text"/>	
TOTAL	<input type="text"/>	

- Enter the dollar amount for each of the VOCA project funds that are to be allocated to the different types of victimizations.
- The types of victims should be consistent with the types of victims listed on the Service Impact and Victim Population question (g) on the Service Impact and Victim Population page.
- The total should be the Federal agreement amount.
- Enter \$0 for all of the types of victimization that will not be funded by VOCA.
- There is a worksheet to help you fill this out under show documents in the top right corner of the screen called VOCA Prorated Project Funding Worksheet.

Facesheet Certifications/Contacts Information

3. Certification / Contacts Information	
*Contact Type	<input type="text"/> <input type="button" value="..."/>
a. EGrAMS Login	<input type="text"/> <input type="button" value="..."/> <input type="button" value="X"/>
b. *Name	<input type="text"/>
c. *Address	<input type="text"/>
d. Address II	<input type="text"/>
e. *City	<input type="text"/> *State <input type="text"/> <input type="button" value="..."/> *Zip 1 <input type="text"/> Zip 2 <input type="text"/>
f. *Telephone	<input type="text"/> Ext. <input type="text"/> Fax <input type="text"/>
g. *E-Mail Address	<input type="text"/>
h. Designation / Title	<input type="text"/> <input type="button" value="..."/>
i. Attachment	<input type="text"/> <input type="button" value="Browse..."/>

- Identify an Authorized Official, Civil Rights Person, Financial Officer, and Project Director.
- The Civil Rights person is the only role that can be the same as another role.
- Your agency **cannot** have more than one person listed for any of these roles.
- Your agency **cannot** use any VOCA funded employees as the Authorized Official or the Financial Officer.
- The Egrams Login needs to be filled in using the 'Lookup' button. If the person is not listed in the 'Lookup' menu they will need to set up an Egrams User Profile and have the Project Director assign them to the grant.
- Do not use the same email address for multiple users. Each user needs to have a unique email address.

Certifications

A. Special Certifications		Show Instructions
a.	*By checking this box, the individual or officer certifies that he or she is authorized to approve this grant application for submission to the Department of Community Health on behalf of the responsible governing board, official or Contractor.	<input type="checkbox"/>
b.	*By checking this box, the individual or officer certifies that he or she is authorized to sign the agreement on behalf of the responsible governing board, official or Contractor.	<input type="checkbox"/>

- Read and if true, confirm the statements shown.

A. Equal Employment Opportunity Plan (EEOP)		Show Instructions
1.	*Is your agency required to prepare an Equal Employment Opportunity Plan (EEOP) in accordance with 28 C.F.R. §§42.301-.308.?	<input type="radio"/> Yes <input type="radio"/> No <input type="button" value="X"/>
a.	If Yes, is the EEOP on file for review and submitted to the Office of Civil Rights?	<input type="radio"/> <input type="radio"/> <input type="button" value="X"/> If Yes, upload EEOP Plan to the Agency profile.
b.	If Yes, on what date was the EEOP prepared? (MM/DD/YYYY)	<input type="text"/>
c.	If No, have you submitted an EEOP certification form to the Office of Civil Rights claiming an exemption from the EEOP requirement?	<input type="radio"/> Yes <input type="radio"/> No <input type="button" value="X"/>
	If Yes, upload EEOP Certification form to the Agency profile.	

- Either the EEOP Plan or EEOP Certification Form needs to be uploaded into the EGrams Portal.
- <https://egramsmi.com/portal>

Certifications-Limited English Proficiency

B. Limited English Proficiency (LEP)		Show Instructions
1.	What steps has the agency taken to provide meaningful access to its programs and activities to persons who have Limited English Proficiency (LEP)?	^
	Upload Self Assessment Review to the Agency profile.	
	Upload Four Factor to the Agency profile.	
a.	*Does the agency have a written policy / plan on providing language access services to LEP persons?	<input type="radio"/> Yes <input type="radio"/> No <input type="button" value="X"/>
	If Yes, Upload LEP Policy / Plan to the Agency profile.	

- Upload the Self-Assessment Review and Four Factor Assessment to the Egrams Portal.
- If your agency has a written policy/plan on providing language access services to LEP person than it needs to be uploaded to the EGrams Portal as well.

Narrative-Abstract

6. *Abstract (4 points) [Show Instructions](#)

0 characters

B *I* [Source](#)

- Provide an overview of your agency's proposed VOCA project for victims of crime.
- This section should specifically address how your agency's proposed VOCA project will help you to reach the Objectives identified in your Work Plan.
- Please limit your response to 5000 characters.

Narrative-Counties

1. Counties Show Instru

*Indicate the County(ies) in which the project will operate and that you propose to provide services by clicking on the appropriate SQUARE BOX(s).

<input type="checkbox"/> Alcona	<input type="checkbox"/> Alger	<input type="checkbox"/> Allegan
<input type="checkbox"/> Alpena	<input type="checkbox"/> Antrim	<input type="checkbox"/> Arenac
<input type="checkbox"/> Baraga	<input type="checkbox"/> Barry	<input type="checkbox"/> Bay
<input type="checkbox"/> Benzie	<input type="checkbox"/> Berrien	<input type="checkbox"/> Branch
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Cass	<input type="checkbox"/> Charlevoix
<input type="checkbox"/> Cheboygan	<input type="checkbox"/> Chippewa	<input type="checkbox"/> Clare
<input type="checkbox"/> Clinton	<input type="checkbox"/> Crawford	<input type="checkbox"/> Delta
<input type="checkbox"/> Dickinson	<input type="checkbox"/> Eaton	<input type="checkbox"/> Emmet
<input type="checkbox"/> Genesee	<input type="checkbox"/> Gladwin	<input type="checkbox"/> Gogebic
<input type="checkbox"/> Grand Traverse	<input type="checkbox"/> Gratiot	<input type="checkbox"/> Hillsdale
<input type="checkbox"/> Houghton	<input type="checkbox"/> Huron	<input type="checkbox"/> Ingham
<input type="checkbox"/> Ionia	<input type="checkbox"/> Iosco	<input type="checkbox"/> Iron
<input type="checkbox"/> Isabella	<input type="checkbox"/> Jackson	<input type="checkbox"/> Kalamazoo
<input type="checkbox"/> Kalkaska	<input type="checkbox"/> Kent	<input type="checkbox"/> Keweenaw
<input type="checkbox"/> Lake	<input type="checkbox"/> Lapeer	<input type="checkbox"/> Leelanau
<input type="checkbox"/> Lenawee	<input type="checkbox"/> Livingston	<input type="checkbox"/> Luce

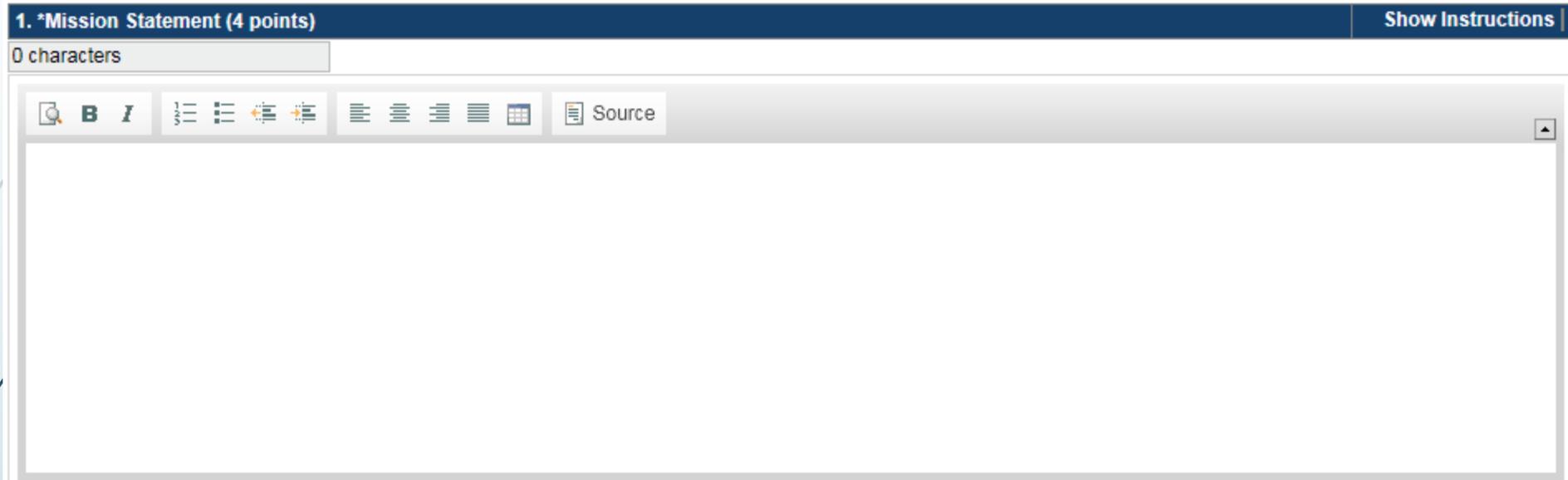
- Indicate the County(ies) in which the VOCA project will operate and that you propose to provide services.

Narrative-Congressional, State Senate and State House Districts

2. U.S. Congressional, State Senate and State House Districts			Show Instruction
1. *US Congressional Districts			
<input type="checkbox"/> US Congress District 1	<input type="checkbox"/> US Congress District 2	<input type="checkbox"/> US Congress District 3	^ □ v
<input type="checkbox"/> US Congress District 4	<input type="checkbox"/> US Congress District 5	<input type="checkbox"/> US Congress District 6	
<input type="checkbox"/> US Congress District 7	<input type="checkbox"/> US Congress District 8	<input type="checkbox"/> US Congress District 9	
<input type="checkbox"/> US Congress District 10	<input type="checkbox"/> US Congress District 11	<input type="checkbox"/> US Congress District 12	
2. *State Senate Districts			
<input type="checkbox"/> State Senate District 1	<input type="checkbox"/> State Senate District 2	<input type="checkbox"/> State Senate District 3	^ □ v
<input type="checkbox"/> State Senate District 4	<input type="checkbox"/> State Senate District 5	<input type="checkbox"/> State Senate District 6	
<input type="checkbox"/> State Senate District 7	<input type="checkbox"/> State Senate District 8	<input type="checkbox"/> State Senate District 9	
<input type="checkbox"/> State Senate District 10	<input type="checkbox"/> State Senate District 11	<input type="checkbox"/> State Senate District 12	
3. *State House Districts			
<input type="checkbox"/> State House District 1	<input type="checkbox"/> State House District 2	<input type="checkbox"/> State House District 3	^ □ v
<input type="checkbox"/> State House District 4	<input type="checkbox"/> State House District 5	<input type="checkbox"/> State House District 6	
<input type="checkbox"/> State House District 7	<input type="checkbox"/> State House District 8	<input type="checkbox"/> State House District 9	
<input type="checkbox"/> State House District 10	<input type="checkbox"/> State House District 11	<input type="checkbox"/> State House District 12	

- Indicate the U.S. Congressional, State Senate and House District(s) in which the project will operate and that you propose to provide services by clicking on the appropriate box(es).
- Maps for US Congressional, State Senate, and State House Districts can be found under Show Documents.

Narrative-Mission Statement



The screenshot shows a web form titled "1. *Mission Statement (4 points)". The form has a dark blue header bar with the title and a "Show Instructions" link. Below the header is a character count field showing "0 characters". The main content area is a large text editor with a toolbar containing icons for bold, italic, bulleted list, numbered list, link, unlink, indent, outdent, table, and source code. The text area is currently empty.

- Please provide your agency's mission statement regarding provision of service to crime victims.
- Please limit your responses to 5000 characters.

Narrative-Victims Served



2. *Victims Served (4 points) [Show Instructions](#)

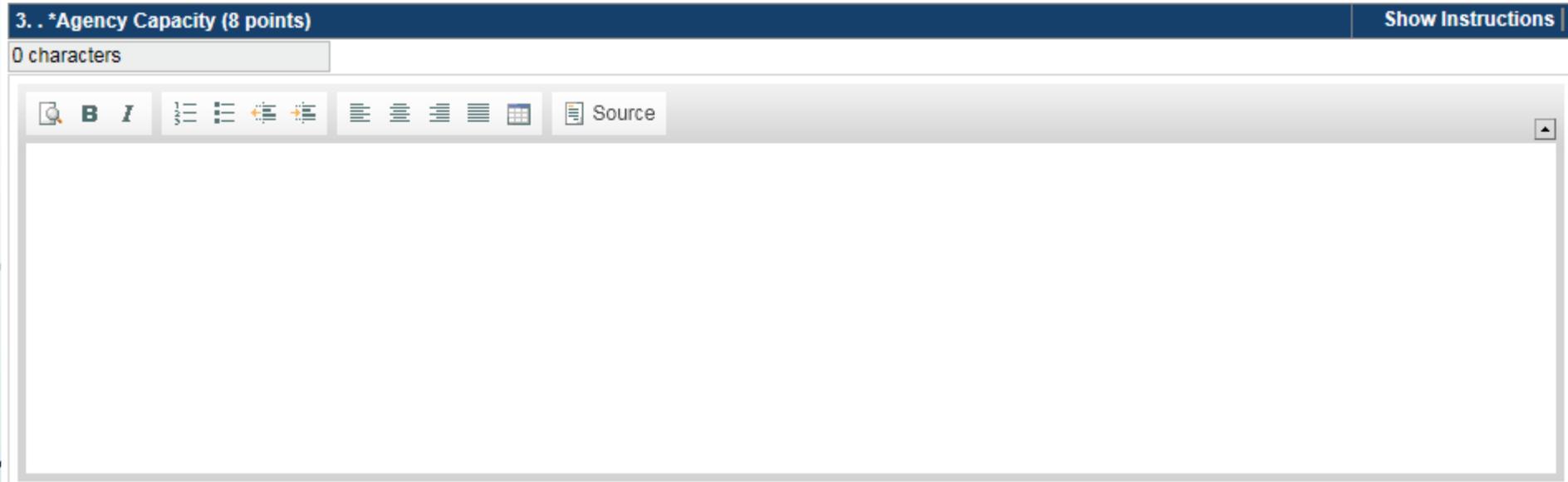
0 characters

B *I* Source

- For the most recently ended and identified calendar or fiscal year, please provide the total number and types of victims served by your agency.
- Please limit your responses to 5000 characters.
- Example:

For the fiscal year 2014 the agency provided services to 200 sexual assault victims and 300 child sexual assault victims.

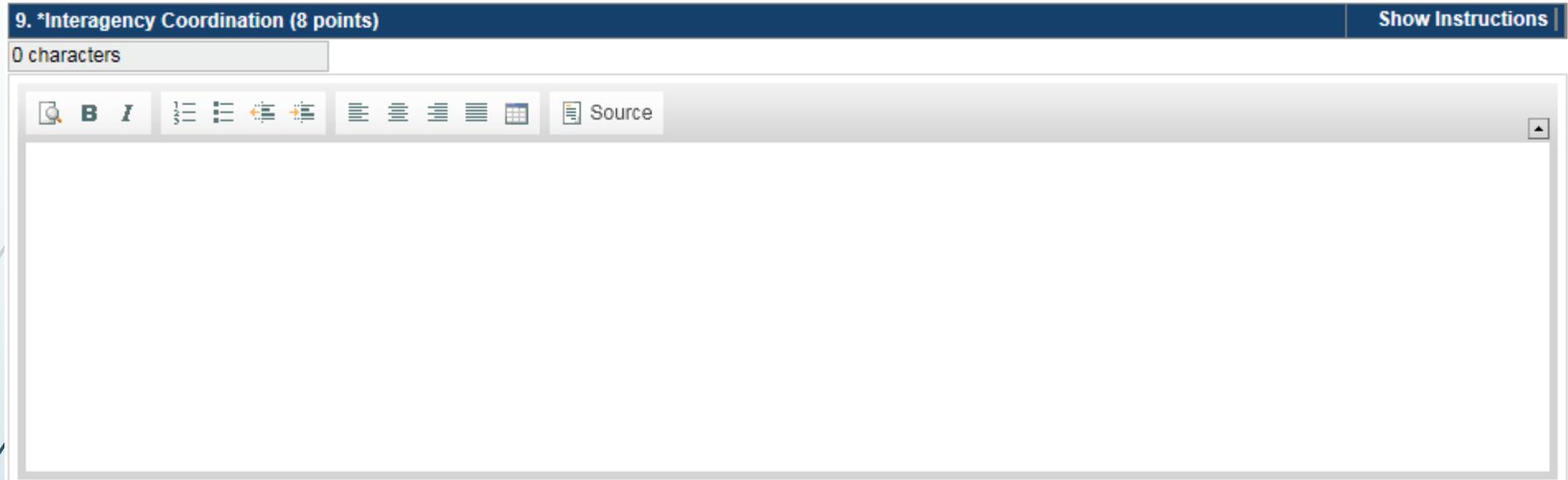
Narrative-Agency Capacity



The screenshot shows a text entry interface for a question titled "3. . *Agency Capacity (8 points)". The interface includes a "Show Instructions" link in the top right corner. Below the title is a character count field showing "0 characters". A rich text editor toolbar is visible, containing icons for bold (B), italic (I), bulleted list, numbered list, indent, outdent, link, unlink, table, and a "Source" tab. The main text area is currently empty.

- ▶ Please demonstrate the agency's grant management capacity, which reflects the agency's ability to execute the project.
- ▶ What is your organization capacity?
- ▶ What is your organization's overall budget?
- ▶ What are your organization's major accomplishments?
- ▶ Please demonstrate the organization's ability to execute the project.
- ▶ Please limit your responses to 5000 characters.

Narrative-Interagency Coordination



9. *Interagency Coordination (8 points) Show Instructions

0 characters

B *I*

- ☰
- ☰
- 🔗
- 🔗

- ☰
- ☰
- ☰
- ☰

--	--	--	--

 Source

- ▶ Describe your agency's program service relationships with other agencies and how those relationships promote coordinated services.
 - ▶ Identify those activities and services provided by your agency on-site, in conjunction with, or at the request of the organization listed.
 - ▶ Identify those agencies with which you have formal agreements regarding the provision or improvement of services to crime victims. Documented interagency agreements are preferred.
- ▶ Please limit your responses to 5000 characters.

Narrative-Community Collaboration



The screenshot shows a quiz question titled "10. *Community Collaboration (8 points)". To the right of the title is a "Show Instructions" link. Below the title is a character count field showing "0 characters". The main area is a rich text editor with a toolbar containing icons for undo, redo, bold, italic, bulleted list, numbered list, link, unlink, indent, outdent, table, and source code. The editor itself is empty.

- Describe your agency's leadership or participation in victims organizations, task forces and coordinating groups that promote interagency training, coordination, and quality victim services.
- Please limit your responses to 5000 characters.

Narrative-Crime Victims Compensation



The screenshot shows a web-based form titled "1. *Crime Victims Compensation (4 points)". In the top right corner of the form area, there is a "Show Instructions" link. Below the title, a character count displays "0 characters". A rich text editor toolbar is visible, containing icons for undo, redo, bold, italic, bulleted list, numbered list, link, unlink, text color, background color, indent, outdent, table, and a "Source" view toggle. The main text area is currently empty.

- To ensure compliance with VOCA grant requirements to assist victims with Crime Victims Compensation, describe what your agency's practices are or will be in identifying and assisting injured victims of crime in applying for Crime Victims Compensation. Assisting victims in Filing Compensation Claims is a requirement of the grant.
- Identify if this assistance is provided by one or more staff, whether information about Crime Victims Compensation is included in public presentations or written materials about services provided at your agency and if assistance with compensation is included in client intake process.
- Please limit your responses to 5000 characters.

Narrative-Maintaining Qualified Staff



The screenshot shows a web-based form for a survey question. The title bar reads "2. *Maintaining Qualified Staff (8 points)" and includes a "Show Instructions" button. Below the title is a character count field showing "0 characters". The main area is a large text editor with a toolbar containing icons for bold, italic, bulleted list, numbered list, link, unlink, text color, background color, indent, outdent, table, and source code. The text area is currently empty.

- Briefly describe what your agency's practices are in maintaining trained and qualified staff at your agency.
- What types of training or continuing education requirements does your agency have for direct service staff?
- Are continuing education credits or credentials required for any of your staff members? For example, are staff required to be credentialed by NOVA's National Advocate Credentialing Program (Credentialed Advocate - Provisional, Basic, Intermediate, Advanced) or have Social Work CEUs?
- How are these requirements being funded? For example, agency paid using agency funds or grant funds or staff paid out-of-pocket?
- Has it been difficult for your agency?
- Provide assurance that the agency will provide, with grant or match funds (or local funds at no cost to the grant), at least 24 hours of skills building staff training during the grant project for each grant funded and match staff position.
- Please limit your response to 5000 characters.

Narrative-Volunteers

3. *Volunteers (8 points) Show Instructions

0 characters

B *I*

-

- 1

[Link](#) [Unlink](#)

--	--

[Source](#)

- Describe what your agency's practices are or will be in maintaining a community volunteer commitment including recruitment, training, supervision and recognition activities.
- Describe your agency's volunteer effort by indicating: how many volunteers; how many total volunteer hours; how often volunteers are recruited and who recruits; what type of screening and interviews; what type of training (i.e., quarterly trainings or monthly in- service); what type of commitment is required of volunteers (number of months or hours); how volunteers are supervised and who supervises them; and what volunteer recognition activities occur and how often.
- Please limit your responses to 5000 characters.

Narrative-Public Awareness

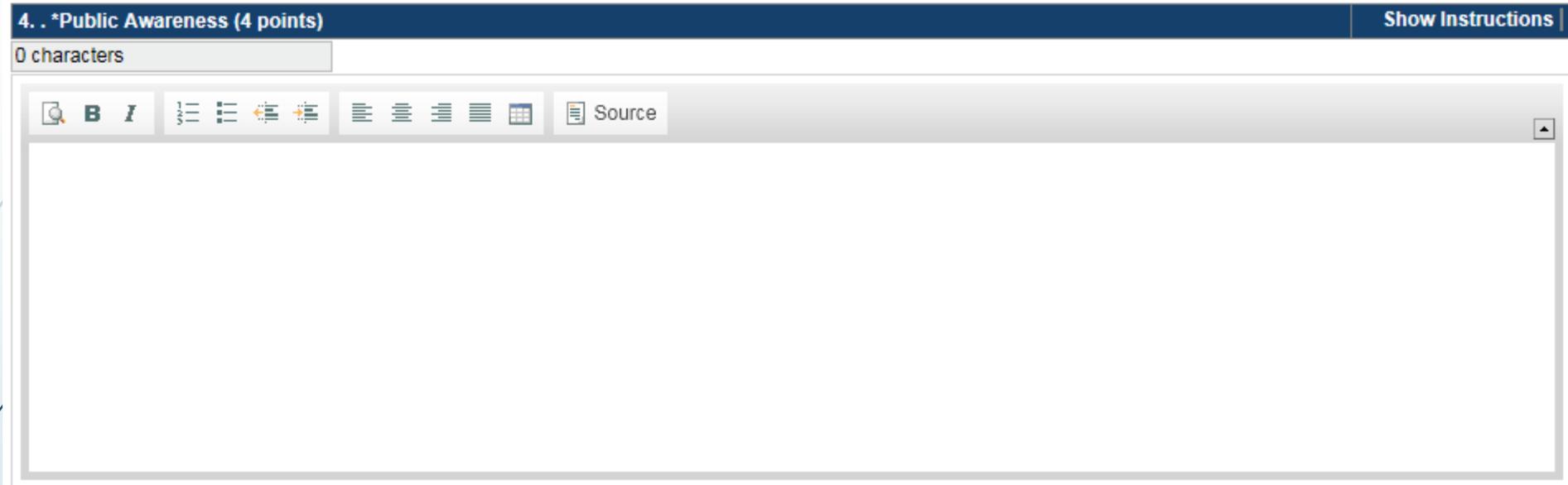
4. . *Public Awareness (4 points) Show Instructions

0 characters

B *I* [List Icons] [Text Color] [Background Color] [Indent] [Outdent] [Table] [Source]

- ▶ Describe how your agency provides or will provide information to the public and other service providers about the crime victim services activities of your agency and this project.
- ▶ At a minimum, information about the VOCA grant project should be included in public presentations, brochures and annual reports, and acknowledge the CVSC and VOCA Crime Victims Fund.
- ▶ Please limit your responses to 5000 characters.

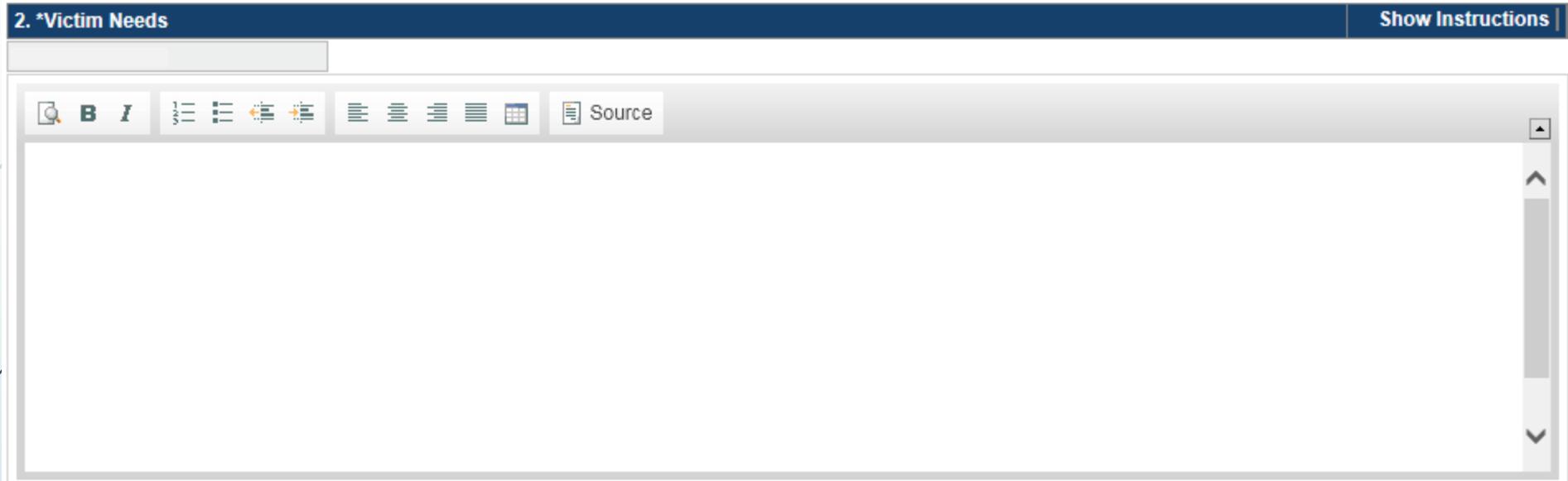
Narrative-Problems



The screenshot shows a web-based text entry interface. At the top, a dark blue header bar contains the text "4. . *Public Awareness (4 points)" on the left and a "Show Instructions" link on the right. Below the header is a character count field showing "0 characters". The main area is a large text editor with a toolbar at the top. The toolbar includes icons for undo, redo, bold (B), italic (I), bulleted list, numbered list, link, unlink, indent, outdent, table, and a "Source" button. The text area is currently empty.

- Describe the problem(s) in your community which your project(s) addresses/will address. Provide local statistical and/or other data supporting the need for services. Recent local data with dates and sources cited is strongly preferred.
- Example: According to statistical data from Smith and Jones Counties Children's Services, from 2010 through 2015, nearly 10,000 reports of child abuse/neglect were made in our target service area, which extends over a two-county area. ("Smith and Jones Counties Children's Services Annual Reports, 2009-2015"; 2,094 in 2011, 2,111 in 2012, 2,652 in 2013, 1,876 in 2014, and 1,699 in 2015.) These reports resulted in nearly 6,000 findings of abuse or neglect, over 1,000 foster placements, and over 700 convictions for criminal sexual assault. ("Children's Services".) According to the U.S. Census Bureau, the poverty rate in Smith County is 18.1%, while the poverty rate in Jones County is 14.2%. ("U.S. Census Bureau, County Quick Facts).

Narrative-Victim Needs



The screenshot shows a web form titled "2. *Victim Needs" with a "Show Instructions" button in the top right corner. Below the title bar is a search bar. The main content area is a rich text editor with a toolbar containing icons for undo, redo, bold, italic, bulleted list, numbered list, link, unlink, text color, background color, indent, outdent, table, and source code. The editor itself is currently empty.

- State the needs of the victims affected by the problem(s) you listed in the previous question.
- Example: Sexually abused children have a number of serious needs that must be met for their recovery and their ability to grow into healthy, functional adults. In the immediate aftermath of disclosure of abuse, a child and the non-offending parent(s) need crisis intervention, counseling and support services. They also need criminal justice support and advocacy and counseling as cases proceed to criminal court. In the longer-term, abused children frequently need to develop coping skills to help them recover emotionally. Many also require non-offending parents to acquire improved child-rearing and skills to further protect children from abuse.
- Please limit your responses to 5000 characters.

Narrative-Other Local Services

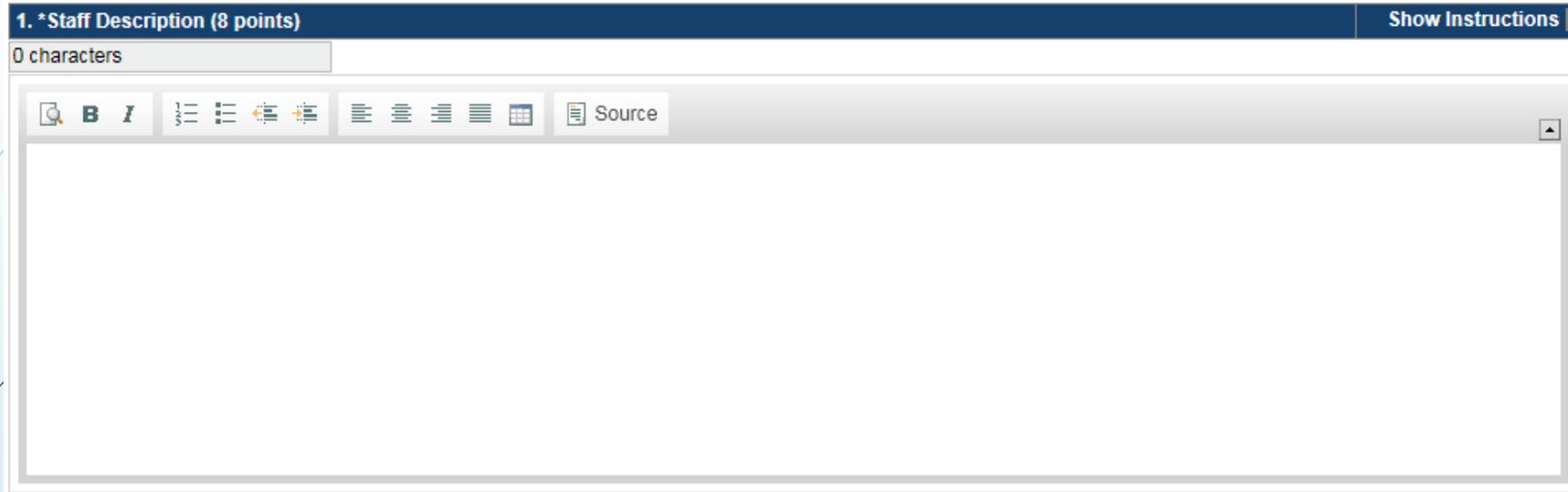
13. *Other Local Services (4 points) [Show Instructions](#)

0 characters

B *I* [List Icons] [Table Icon] Source

- Excluding the services your agency provides, briefly describe other efforts in your community that address or have addressed the problem(s) and/or needs indicated in the Problems and Client Needs screen.

Narrative-Staff Description



The screenshot shows a web form interface. At the top, there is a dark blue header bar with the text "1. *Staff Description (8 points)" on the left and a "Show Instructions" button on the right. Below the header, there is a text input field containing "0 characters". Underneath this is a rich text editor with a toolbar containing icons for bold, italic, bulleted list, numbered list, link, unlink, indent, outdent, table, and source. The main area of the rich text editor is empty.

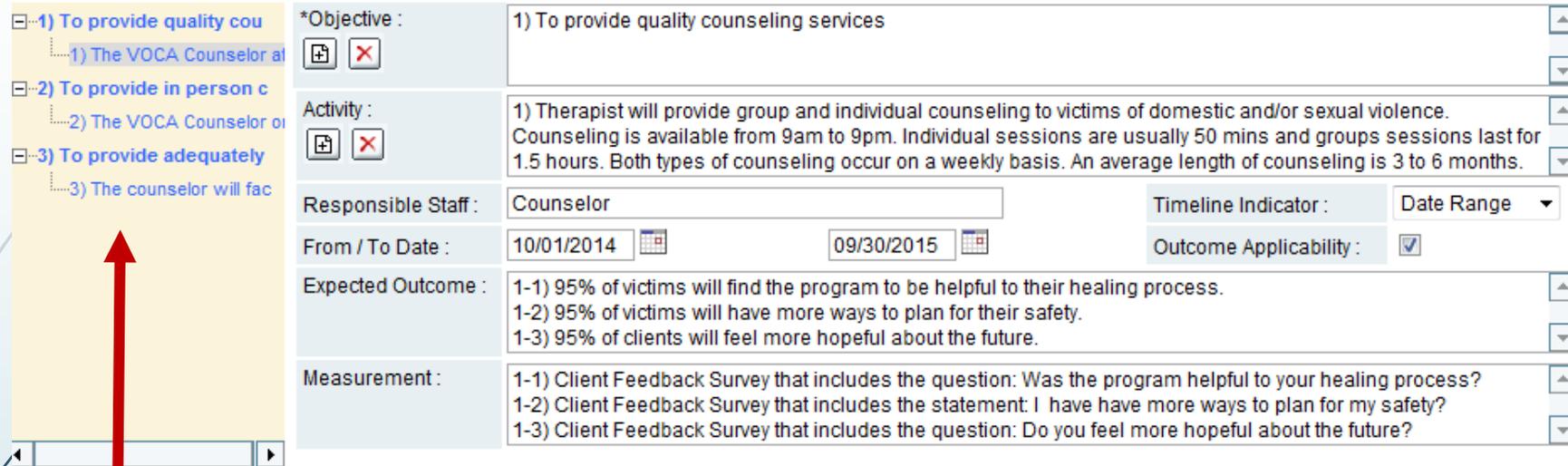
- Describe the requested staff positions, including:
- A general overview of staff role and responsibility, whether or not they are full or part time and if you are asking for continued funding or is new VOCA support requested.
- Rank in order the three most critical project activities to be performed. These project activities should correlate to the project activities presented in the Work plan section of this application.
- Example: Victim Service Agency proposes to continue funding two full-time Crime Victim Advocates. We also propose that VOCA funds support the hiring of one full-time M.S.W. Counselor. These staff would provide services to homicide survivors. Victim advocates would perform the following: ACTIVITY #1: Coordinate volunteer crisis intervention and court advocate teams to respond to the immediate needs of homicide survivors at hospitals, police departments, prosecutors' offices and during trial; and ACTIVITY #2: Advocacy support services responding to both personal and legal advocacy needs of survivors. The M.S.W. Counselor would perform the following: ACTIVITY #3: Counseling, crisis intervention and support groups.

Narrative-Staff and Volunteers

2. Staff and Volunteers		Show Instruction
1.	*Total number of paid full-time equivalent (FTE) staff for the agency's victimization program and/or services (including non-VOCA funded employees).	<input type="text"/>
2.	*Total number of FTE staff funded through this VOCA award (plus match) for victimization programs and/or services. (This number should match the Budget section of this application.)	<input type="text"/>
3.	Provide the number of volunteers and total volunteer hours needed to implement the VOCA project. Total Volunteer Hours should be in excess of the hours designated towards the Match in the Budget section.	
	*Number of Volunteers	<input type="text"/>
	*Number of Total Volunteer Hours	<input type="text"/>
4.	*Is the agency requesting a volunteer waiver? <input type="radio"/> Yes <input type="radio"/> No <input type="button" value="X"/>	
	If yes, please upload a letter of request for volunteer waiver.	<input type="button" value="↑"/>

- If your agency is requesting a volunteer waiver it should be uploaded on this page.

Workplan



The screenshot shows a web-based form for creating a workplan. On the left is a tree view with three expandable items:

- 1) To provide quality counseling services
 - 1) The VOCA Counselor at [redacted]
- 2) To provide in person counseling services
 - 2) The VOCA Counselor at [redacted]
- 3) To provide adequately funded counseling services
 - 3) The counselor will face [redacted]

A red arrow points from the tree view to the main form area. The main form contains the following fields:

*Objective :	1) To provide quality counseling services		
Activity :	1) Therapist will provide group and individual counseling to victims of domestic and/or sexual violence. Counseling is available from 9am to 9pm. Individual sessions are usually 50 mins and groups sessions last for 1.5 hours. Both types of counseling occur on a weekly basis. An average length of counseling is 3 to 6 months.		
Responsible Staff :	Counselor	Timeline Indicator :	Date Range
From / To Date :	10/01/2014	09/30/2015	Outcome Applicability : <input checked="" type="checkbox"/>
Expected Outcome :	1-1) 95% of victims will find the program to be helpful to their healing process. 1-2) 95% of victims will have more ways to plan for their safety. 1-3) 95% of clients will feel more hopeful about the future.		
Measurement :	1-1) Client Feedback Survey that includes the question: Was the program helpful to your healing process? 1-2) Client Feedback Survey that includes the statement: I have have more ways to plan for my safety? 1-3) Client Feedback Survey that includes the question: Do you feel more hopeful about the future?		

- You can navigate to the 3 objectives using this tree.
- Please provide only the three most critical project activities and rank in order of importance. These project activities should correlate to the project activities presented in the Project Resources screen of the Narratives section.
- These project activities, expected outcomes, outcome measures and long-term objectives should reflect your thoughts regarding the evaluation of your project. Example Activities, how to Measure Outcomes, and Long-Term Objectives have been provided on the CVSC website (http://michigan.gov/mdch/0,4612,7-132-54783_54853_69769---,00.html) titled: Examples Project Activities and Outcomes. Expected Outcome section requires that you describe what change you expect to occur as a result of the project activity. Outcomes must be measurable and tied to the project activity. Outcomes are changes in knowledge, attitudes, skills, behaviors, expectations, emotional status, or life circumstances that the project activity is designed to bring about in crime victims and their families. A list of acceptable outcomes approved by CVSC for VOCA Grantees by activity is provided on the CVSC website (http://michigan.gov/mdch/0,4612,7-132-54783_54853_69769---,00.html) titled: Examples Project Activities and Outcomes.



Workplan

- Please label the items in your work plan as follows: Objective 1), Activity 1), Expected Outcome 1-1), 1-2), 1-3), Measurement 1-1), 1-2), 1-3), then for the second objective, Objective 2) Activity 2) Expected Outcome 2-1), 2-2), 2-3) etc. See screen shot above.
- Objective: Enter an Objective in the text box provided.
- Activity: Enter an activity associated to that Objective in the text box provided.
- Responsible Staff: Enter the position title for staff responsible for this activity. Do not enter staff names.
- Timeline Indicator: Select Date Range or Date using the 'dropdown'. Then enter the actual date information:
- Date Range: Enter the timeframe associated with completing the activity in the From/To Date fields, using the 'Calendar Lookup'.
- Date: Enter the expected completion Date in the From field, using the 'Calendar Lookup.'
- Outcome Applicability: Reporting of outcomes is required, please check the outcome applicability box and proceed to Expected Outcomes and Measurement fields.
- Expected Outcomes: Enter 3 expected outcomes for this activity.
- Measurements: Enter the measurement that will be used to indicate that the outcome has been achieved.



Budget

- ▶ General Budget Instructions

- ▶ Amount = Federal Agreement Amount
- ▶ Cash= Cash Match
- ▶ In Kind= Volunteer Match
- ▶ Identify Source of Match in the note section of the line used as Match.
- ▶ VOCA funds may be used to purchase furniture and equipment that provides or enhances direct services to crime victims. VOCA funds cannot support the entire cost of an item that is not used exclusively for victim-related activities, but can support a prorated share of such an item.
- ▶ Uploaded files should be in PDF format with a file name no longer than 13 characters including spaces, and should not include special characters such as _%/@.

Budget-Salary and Wages

Budget Detail

Category : Type :

Classification Seq. : Sub Type : Narrative :

Attachment : Browse...  

Instructions : Please select the position title from the look up menu that best matches the position title at your agency. If your agency's position title is not an exact match for the title selected, please list your actual position title in the Notes area. The employee name goes into the box below the Position Title. Upload the Position Description and Resume as one file for each position at the end of their line. Upload the organizational chart and Board of Directors list as one file in the Attachment space provided above this instruction box.

	Description	Qty	Rate	UoM	Total	Amount	Cash	InKind	Notes	File
<input type="checkbox"/>	<input type="text"/> 	<input type="text"/>	<input type="text" value="0.00"/>	<input type="text"/>	<input type="text"/>  					
	<input type="text"/>							<input type="text" value="Browse..."/>	<input type="text"/>	<input type="text"/>  
<input type="checkbox"/>	<input type="text"/> 	<input type="text"/>	<input type="text" value="0.00"/>	<input type="text"/>	<input type="text"/>  					
	<input type="text"/>							<input type="text" value="Browse..."/>	<input type="text"/>	<input type="text"/>  
<input type="checkbox"/>	<input type="text"/> 	<input type="text"/>	<input type="text" value="0.00"/>	<input type="text"/>	<input type="text"/>  					
	<input type="text"/>							<input type="text" value="Browse..."/>	<input type="text"/>	<input type="text"/>  
<input type="checkbox"/>	<input type="text"/> 	<input type="text"/>	<input type="text" value="0.00"/>	<input type="text"/>	<input type="text"/>  					
	<input type="text"/>							<input type="text" value="Browse..."/>	<input type="text"/>	<input type="text"/>  
Totals :					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Please select the position title from the look up menu that best matches the position title at your agency. If your agency's position title is not an exact match for the title selected, please list your actual position title in the Notes area.
- The Employee name goes into the box below the Position Title.
- Upload the position description and resume as one file for each position at the end of their line. The resume must be updated to include the current position.
- Upload the organizational chart and Board of Directors list (nonprofit organizations only) as one file in the Attachment space provided above the instruction box.



Budget-Salary and Wages

- ▶ The Position Description must include:
 - ▶ The title of the position.
 - ▶ The duties and responsibilities of the position.
 - ▶ The minimum qualifications.
 - ▶ The supervisory relationship including who supervises the position and if the position supervises others.
 - ▶ The skills and knowledge required for the position.
 - ▶ The personal qualities required for the position.
 - ▶ The amount of travel and or other special conditions or requirements.
 - ▶ The hours per day or week the employee will be expected to work.
 - ▶ The exempt or non-exempt status for the position.
 - ▶ The salary range for the position.



Budget-Salary and Wages

- The Organizational chart must contain the following:
 - The organizational chart should include all agency staff and volunteers by position.
 - List each member of the agency staff by name and position title.
 - Include volunteers on the organizational chart using tiers for volunteer positions (volunteers need not be listed individually).
 - Non-profit organizations should include the Board of Directors as a tier on the organizational chart, and must provide a list board officers and board members in a separate document, uploaded in the space provided. Please see the sample Board of Directors listing for a template.
 - In each position box, designate the percentage salary/wage derived from each funding source and whether the position is full time or part-time. All funding sources must be reflected on the organizational chart and hours must match what is reflected on the Personnel Budget Detail Worksheet.
 - If a new position is being proposed, or position is vacant, please identify as “new hire” or “vacant”.
 - When a staff person is hired, you have 30-days to notify the CVSC of the hire through email. Staff changes will also need to be documented in an amendment to the contract. Revised organizational charts must be uploaded with each project staffing change.
 - All of the agency’s agreement officials, including Authorizing Official, Civil Rights Contact Person, Project Director and Financial Officer must be on the organizational chart.
 - Please date the organizational chart.

Budget-Fringe Benefits

Budget Detail

Category : Program Expenses - Fringe Benefits Type : Expenditure

Classification Seq. : 1 Sub Type : Direct Narrative : 

Instructions : The system prepopulates the total salary from the Salary and Wages section into the fringe section as units. The units should be changed to the actual amount your agency will be using. Please indicate the amount of each fringe benefit that your agency intends to cover with federal funds in the Amount column and the amount your agency intends to cover with match funds in the Cash column. Benefit totals will calculate automatically.

	Description	Percent.	Units	Total	Amount	Cash	InKind	Notes
<input type="checkbox"/>	X ...							
<input type="checkbox"/>	X ...							
<input type="checkbox"/>	X ...							
<input type="checkbox"/>	X ...							
<input type="checkbox"/>	X ...							
<input type="checkbox"/>	X ...							
<input type="checkbox"/>	X ...							
Totals :								

- The system prepopulates the total salary from the Salary and Wages section into the fringe section as units. The units should be changed to the actual amount your agency will be using. Please indicate the amount of each fringe benefit that your agency intends to cover with federal funds in the Amount column and the amount your agency intends to cover with match funds in the Cash column. Benefit totals will calculate automatically.
- If the applicant uses a fringe benefits calculation rate, they must provide for this application, a detailed breakdown of the items included and the calculation rates for each item. If awarded, grantees are required to report actual fringe benefit expenditures.
- Fringe Benefits calculation rates are only allowed when: The rate is applied consistently among all activities at agency, the rate is adjusted annually, and the funded staff are eligible for benefits.
- Unemployment is only taken from the first \$9,500 of each employee's salary unless your agency pays unemployment as a reimbursing employer.

Budget-Volunteer

Budget Detail

Category : Program Expenses - Volunteer Type : Expenditure

Classification Seq. : 1 Sub Type : Direct Narrative : 

Attachment : Browse...

Instructions : Please select the position title that best matches the position at your agency. If your agency's position title is not an exact match for the title selected, please list your actual position title in the Notes area. Upload the position description for each position at the end of their line. Volunteer positions should each be listed separately. The match amount for Volunteers should be listed in the In-Kind column and the rate of pay cannot be more than the lowest paid VOCA funded employee.

	Description	Qty	Rate	UoM	Total	Amount	Cash	InKind	Notes	File
<input type="checkbox"/>	<input type="text"/>									 <input type="text"/> Browse... 
<input type="checkbox"/>	<input type="text"/>									 
<input type="checkbox"/>	<input type="text"/>									 
<input type="checkbox"/>	<input type="text"/>									 
<input type="checkbox"/>	<input type="text"/>									 
<input type="checkbox"/>	<input type="text"/>									 
Totals :										

- Volunteer positions should each be listed separately.
- The rate of pay for volunteers is **\$22.96/hour**.
- Please select the position title from the look up menu that best matches the position title at your agency. If your agency's position title is not an exact match for the title selected, please list your actual position title in the Notes area.
- Volunteers should be listed in the In-Kind column.
- Upload the Position Description for each position as indicated. The upload file should be in PDF format with a file name no longer than 13 characters including spaces, and should not include special characters such as _%/@.

Budget-Volunteer

Budget Detail

Category : Program Expenses - Volunteer Type : Expenditure

Classification Seq. : 1 Sub Type : Direct Narrative : 

Attachment : Browse...

Instructions : Please select the position title that best matches the position at your agency. If your agency's position title is not an exact match for the title selected, please list your actual position title in the Notes area. Upload the position description for each position at the end of their line. Volunteer positions should each be listed separately. The match amount for Volunteers should be listed in the In-Kind column and the rate of pay cannot be more than the lowest paid VOCA funded employee.

	Description	Qty	Rate	UoM	Total	Amount	Cash	InKind	Notes	File
<input type="checkbox"/>	<input type="text"/>									 
									<input type="text"/> Browse...	 
<input type="checkbox"/>	<input type="text"/>									 
<input type="checkbox"/>	<input type="text"/>									 
<input type="checkbox"/>	<input type="text"/>									 
<input type="checkbox"/>	<input type="text"/>									 
<input type="checkbox"/>	<input type="text"/>									 
Totals :										

- The Volunteer Position Description must include:
 - The title of the position including the word Volunteer or Intern.
 - The duties and responsibilities of the position
 - The minimum qualifications.
 - The supervisory relationship including who supervises the position and if the position supervises others.
 - The skills and knowledge required for the position.
 - The personal qualities required for the position.
 - The amount of travel and or other special conditions or requirements.
 - The hours per day or week the employee will be expected to work.

Budget-Volunteer Fringe

Budget Detail

Category : Program Expenses - Volunteer Fringe Benefits Type : Expenditure

Classification Seq. : 1 Sub Type : Direct Narrative : 

Instructions : FICA-equivalent for the volunteer hours can be used as Match. Volunteer Fringe should be listed in the In-Kind column.

	Description	Percent.	Units	Total	Amount	Cash	InKind	Notes
<input type="checkbox"/>	<input checked="" type="checkbox"/> 							
<input type="checkbox"/>	<input checked="" type="checkbox"/> 							
<input type="checkbox"/>	<input checked="" type="checkbox"/> 							
<input type="checkbox"/>	<input checked="" type="checkbox"/> 							
<input type="checkbox"/>	<input checked="" type="checkbox"/> 							
<input type="checkbox"/>	<input checked="" type="checkbox"/> 							
<input type="checkbox"/>	<input checked="" type="checkbox"/> 							
				Totals :				

- ▶ FICA for the volunteer hours can be used as Match.
- ▶ The system prepopulates 7.65 as the percentage for FICA, this should not be changed.
- ▶ Volunteer Fringe should be listed in the In-Kind column.

Budget-Travel

Budget Detail

Category : Program Expenses - Travel Type : Expenditure

Classification Seq. : 1 Sub Type : Direct Narrative : 

Instructions : This budget category includes costs for mileage, meals, lodging, and registration fees for approved staff development conferences, seminars, or conferences. Other travel costs incurred must be for the purposes of providing direct services to victims or for victim transportation.
Provide a brief description and justification for costs related to Travel in the Notes at the end of that line.

	Description	Qty	Rate	UoM	Total	Amount	Cash	InKind	Notes
<input type="checkbox"/>	<input type="checkbox"/> X ...								
<input type="checkbox"/>	<input type="checkbox"/> X ...								
<input type="checkbox"/>	<input type="checkbox"/> X ...								
<input type="checkbox"/>	<input type="checkbox"/> X ...								
<input type="checkbox"/>	<input type="checkbox"/> X ...								
<input type="checkbox"/>	<input type="checkbox"/> X ...								
<input type="checkbox"/>	<input type="checkbox"/> X ...								
Totals :									

- Describe the use of project funds for travel in the Narrative.
- For any and all individual line items in excess of \$500, please provide a brief description and justification for costs related to Travel in the Notes at the end of that line.
- On-site supporting documentation, such as a travel log, of travel expenses charged to this agreement must be maintained.
- This budget category includes costs for mileage, meals, lodging, and registration fees for approved seminars or conferences and other travel costs incurred by employees for the conduct of the project. Travel costs must be for the purposes of providing direct services to victims, transporting victims, or staff development conferences for project personnel (VOCA funded or match only).

Budget-Travel

- Provide description of travel, number of miles, mileage rate per mile, daily per person lodging and meal costs and number of days obligated to the travel. The applicant should base travel items on rates set by applicant agency but may not exceed state rates. Effective state travel rates are available at http://www.michigan.gov/dmb/0,1607,7-150-9141_13132---,00.html These include mileage rate; daily rates for lodging plus tax; and daily rates for meals: breakfast, lunch, and dinner.
- Travel costs associated with attendance at VOCA-sponsored trainings and meetings, including the VOCA Outcome Evaluation Training may be included in this category. Travel costs associated with attendance at in-state skills building training conferences offered by the Crime Victims Services Commission, Michigan Victim Assistance Academy, the Prosecuting Attorneys Association of Michigan and the Michigan Coalition Against Domestic and Sexual Violence are allowable skills development training opportunities. Travel costs for one VOCA funded full-time person per agency to attend the National Children's Advocacy Center National Symposium of Child Sexual Abuse may be included for accredited Child Advocacy Centers. Tribal programs may include travel costs for quarterly meetings of the Michigan Tribal Victim Assistance Committee.
- Funds may NOT be used to attend out-of-state trainings beyond those described here without pre-approval by the CVSC.

Budget-Supplies and Materials

Budget Detail

Category : Program Expenses - Supplies & Materials Type : Expenditure

Classification Seq. : 1 Sub Type : Direct Narrative : 

Instructions : This budget category includes consumable and short-term items and equipment items. This includes: office supplies; printing and postage; equipment use fees (when supported by usage logs) for printing, photocopying, and postage; victim related books, workbooks, and resource materials; clothing made available in the emergency room to sexual assault victims; and printing brochures describing program services. Provide item explanation, quantity and unit price for each item. For things like consumables list each item in the notes for that line. Please be specific and do not use words like etc. and misc. Equipment could be included in

	Description	Qty	Rate	UoM	Total	Amount	Cash	InKind	Notes
<input type="checkbox"/>	<input type="checkbox"/> X	...							
<input type="checkbox"/>	<input type="checkbox"/> X	...							
<input type="checkbox"/>	<input type="checkbox"/> X	...							
<input type="checkbox"/>	<input type="checkbox"/> X	...							
<input type="checkbox"/>	<input type="checkbox"/> X	...							
<input type="checkbox"/>	<input type="checkbox"/> X	...							
<input type="checkbox"/>	<input type="checkbox"/> X	...							
Totals :						0.00	0.00	0.00	0.00

- Describe the use of project funds for supplies and materials in the Narrative.
- This budget category includes consumable and short-term items and equipment items. This includes: office supplies; printing and postage; equipment use fees (when supported by usage logs) for printing, photocopying, and postage; victim related books, workbooks, and resource materials; clothing made available in the emergency room to sexual assault victims; and printing brochures describing program services. Provide item explanation, quantity and unit price for each item. For things like consumables list each item in the notes for that line. Please be specific and do not use words like etc. and misc.
- Equipment could be included in either Supplies and Materials or Equipment depending on cost. Equipment items costing less than \$5,000 should be included in Supplies and Materials, and items costing more than \$5,000 should be included in Equipment.

Budget-Supplies and Materials

Budget Detail

Category : Program Expenses - Supplies & Materials Type : Expenditure

Classification Seq. : 1 Sub Type : Direct Narrative : 

Instructions : This budget category includes consumable and short-term items and equipment items. This includes: office supplies; printing and postage; equipment use fees (when supported by usage logs) for printing, photocopying, and postage; victim related books, workbooks, and resource materials; clothing made available in the emergency room to sexual assault victims; and printing brochures describing program services. Provide item explanation, quantity and unit price for each item. For things like consumables list each item in the notes for that line. Please be specific and do not use words like etc. and misc. Equipment could be included in

	Description	Qty	Rate	UoM	Total	Amount	Cash	InKind	Notes
<input type="checkbox"/> X	...								
<input type="checkbox"/> X	...								
<input type="checkbox"/> X	...								
<input type="checkbox"/> X	...								
<input type="checkbox"/> X	...								
<input type="checkbox"/> X	...								
<input type="checkbox"/> X	...								
Totals :						0.00	0.00	0.00	0.00

- Examples of equipment items used in carrying out the objectives of the program include: TV; DVD player; digital camera, recording equipment and two-way mirrors for interviewing children; furniture for shelters; and equipment including desks, chairs and locking file cabinets for staff work spaces, furniture for victim waiting rooms, and children's play areas; computers, printers, scanners, paper shredders, and necessary software; and items necessary to make reasonable accommodations to victims and/or staff with disabilities. Also allowed are items to enhance services to handicapped victims, such as Braille resources or equipment or Telecommunications Devices for the Deaf (TTY/TTD).
- Leased equipment would go in the Other Expenses Category.

Budget-Contractual

Budget Detail

Category : Program Expenses - Contractual Type : Expenditure

Classification Seq. : 1 Sub Type : Direct Narrative : 

Attachment : Browse...

Instructions : Contractors listed in this section include affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed through) to the sub recipient contractor.
Examples: counselor, psychiatrist, lawyer providing emergency legal advocacy services

	Description	Qty	Rate	UoM	Total	Amount	Cash	InKind	Notes	Info	File
<input type="checkbox"/>	<input type="text"/>										
<input type="checkbox"/>	<input type="text"/>										
<input type="checkbox"/>	<input type="text"/>										
<input type="checkbox"/>	<input type="text"/>										
<input type="checkbox"/>	<input type="text"/>										
<input type="checkbox"/>	<input type="text"/>										
<input type="checkbox"/>	<input type="text"/>										
Totals :						0.00	0.00	0.00	0.00		

- Contractors that go in this section include affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed through) to the sub recipient contractor.
- Examples: counselor, psychiatrist, lawyer providing emergency legal advocacy services. Single audit contractors and interpreters would be listed in the Other Expenses category.
- Select service description from look up menu, quantity, rate, and unit of measure. The maximum rate for consultant/contractual services may not exceed Office of Justice Programs Financial Guide limits. An eight-hour day may include preparation and travel time in addition to the time required for actual performance. These limits are not discretionary. If awarded, a signed agreement for consultant/contractual services must be to the FSR in which the expenditure is reported.
- In the information box  enter the Contractor Company, the Service Provided, Salutation, First Name, Middle Initial, Last Name, Address, City, State and Zip Code for each Contractor assigned to this project.

Budget-Equipment

Budget Detail

Category : Program Expenses - Equipment Type : Expenditure

Classification Seq. : 1 Sub Type : Direct Narrative : 

Instructions : This budget category includes stationary and movable equipment valued at \$5,000 or more to be used in carrying out the objectives of the project. The cost of a single unit of equipment includes the necessary accessories and installation costs. Provide item, quantity, purchase price or monthly lease amount.
 VOCA funds may be used to purchase furniture and equipment that provides or enhances direct services to crime victims. VOCA funds cannot support the entire

	Description	Qty	Rate	UoM	Total	Amount	Cash	InKind	Notes
<input type="checkbox"/>	<input type="text"/>								
<input type="checkbox"/>	<input type="text"/>								
<input type="checkbox"/>	<input type="text"/>								
<input type="checkbox"/>	<input type="text"/>								
<input type="checkbox"/>	<input type="text"/>								
<input type="checkbox"/>	<input type="text"/>								
<input type="checkbox"/>	<input type="text"/>								
Totals :					0.00	0.00	0.00	0.00	

- This budget category includes stationary and movable equipment valued at \$5,000 or more to be used in carrying out the objectives of the project. The cost of a single unit of equipment includes the necessary accessories and installation costs. Provide item, quantity, purchase price or monthly lease amount.
- VOCA funds may be used to purchase furniture and equipment that provides or enhances direct services to crime victims.
- Grantees are required to maintain property equipment records and annually report the following using agreement attachment B3: a description of the property and a serial number or other identifying number; identification of title holder; the acquisition date; the cost and the percentage of VOCA funds supporting the purchase; the location, use, and condition of the property; and any disposition data, including the date of disposal and sale price.

Budget-Other Expenses

Budget Detail

Category : Program Expenses - Other Expenses Type : Expenditure

Classification Seq. : 1 Sub Type : Direct Narrative : 

Instructions : This budget category includes other allowable costs incurred for the benefit of the program:
 Space Rental is the cost for rental of building space necessary for program operations. Pro-rated cost of rent (not occupancy charges) is limited to \$10 per sq. ft. & a maximum of 15 sq. ft. per funded FTE or the fair market value of comparable space in the same locality. Documentation for the charge must be maintained

	Description	Qty	Rate	UoM	Total	Amount	Cash	InKind	Notes
<input type="checkbox"/>	<input type="checkbox"/> X ...								
<input type="checkbox"/>	<input type="checkbox"/> X ...								
<input type="checkbox"/>	<input type="checkbox"/> X ...								
<input type="checkbox"/>	<input type="checkbox"/> X ...								
<input type="checkbox"/>	<input type="checkbox"/> X ...								
<input type="checkbox"/>	<input type="checkbox"/> X ...								
<input type="checkbox"/>	<input type="checkbox"/> X ...								
Totals :									

- This budget category includes other allowable costs incurred for the benefit of this program. The following are line item categories of expenses:
- Space Rental. This category includes the costs for rent of building space necessary for the operation of the program. Pro-rated costs of space rent (not occupancy charges) is limited to \$10 per square foot and a maximum of 15 square feet per funded full-time employee or the fair market value of comparable space in the same locality. Documentation for this charge must be maintained on-site and provided upon request to document current reported expenditures.
- Communication Costs. This category includes the cost of telephone and data lines when related directly to the operation of the program. Items include beepers; beeper airtime; cell phones; cell phone provider fees; Internet service provider monthly fee; and telephone equipment, installation and monthly operating expenses.

Budget-Other Expenses

- ▶ **Emergency Financial Assistance.** The emergency financial assistance category is limited to \$300 per victim/per Case. Written agency policy regarding distribution of emergency financial assistance funds is required. Emergency financial assistance is defined as emergency short-term child care or respite care for dependent adults, transportation, security measures (replacement of locks and repair of doors and windows to prevent immediate re-victimization), assistance in participating in criminal justice proceedings (i.e., transportation, childcare or respite care for dependent adults, and food).
- ▶ **Memberships.** This category includes the purchase of up to three organizational memberships in national or state criminal justice and victims' organizations. Individual memberships are not allowable.
- ▶ **Contractors.** Including professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are to be included in this category.
 - ▶ Examples: single audit contractor, translator, or interpreter for hearing impaired.
 - ▶ The maximum rate for consultant/contractual services may not exceed Office of Justice Programs Financial Guide limits. An eight-hour day may include preparation and travel time in addition to the time required for actual performance. These limits are not discretionary. If awarded, a signed agreement for consultant/contractual services must be uploaded to the FSR in which the expenditure is reported.
 - ▶ In the notes enter the Contractor Company, the Service Provided, Salutation, First Name, Middle Initial, Last Name, Address, City, State and Zip Code for each Contractor assigned to this project.
 - ▶ For agencies including Single Audit expenses (either in Federal request or as Match): The agency must provide calculation method used to determine the pro-rated share of Single Audit expenses. Calculation should indicate total Federal grant amounts, total Single Audit costs, and prorated VOCA amount. Information must be provided in the notes for this line. Use this equation to find the amount that VOCA will pay for a single audit:
$$\frac{\text{Total Federal Amount including VOCA}}{(\text{VOCA Amount}) * (\text{Total Single Audit Cost})} = \text{Amount VOCA will pay}$$
- ▶ **Leased Equipment.**

Miscellaneous-Letters of Support

19. *Letters of Support				Show Instructions	
	Attachment Title	File Name	View	Del	
<input type="checkbox"/>		Browse...		X	^
<input type="checkbox"/>		Browse...		X	
<input type="checkbox"/>		Browse...		X	
<input type="checkbox"/>		Browse...		X	
<input type="checkbox"/>		Browse...		X	

- ▶ Local community support for this crime victim service project is required. Please upload 3 current Letters of Local Support. The upload file should be in PDF format with a file name no longer than 13 characters including spaces, and should not include special characters such as _%/@.
 - ▶ Support letters should specifically reference the VOCA grant project, the crime victims' needs, and proposed solutions addressed in this proposal.
 - ▶ Letters should illustrate the unique relationship between your agency and your supporter.
 - ▶ Two of the three support letters must be from criminal justice officials (law enforcement, police, prosecutors or court officials), and one may be from another community service agency.
 - ▶ Tribal programs may include support letters from tribal, federal, state or local officials as appropriate.
 - ▶ Contact information for each application supporter authoring, must be included in the letter.
 - ▶ These letters should be on letterhead and include a signature.
- ▶ No other documents should be uploaded the Miscellaneous section unless otherwise instructed.

Budget-Indirect Costs

Budget Detail

Category : Indirect Costs - Indirect Costs Type : Expenditure

Classification Seq. : 3 Sub Type : Indirect Narrative : 

Attachment : Browse...

Instructions : Indirect costs are allowable based on two methods:
1) An approved indirect costs rate has been established and approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department

	Description	Percent.	Units	Total	Amount	Cash	InKind	Notes	File
<input type="checkbox"/>	 ...								
<input type="checkbox"/>	 ...								
<input type="checkbox"/>	 ...								
<input type="checkbox"/>	 ...								
<input type="checkbox"/>	 ...								
<input type="checkbox"/>	 ...								
<input type="checkbox"/>	 ...								
<input type="checkbox"/>	 ...								
Totals :				0.00	0.00	0.00	0.00		

- Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. Examples of costs usually treated as indirect include those incurred for the facility operation and maintenance, depreciation, and administrative salaries.
- See the DOJ Grants Financial Guide for more information. A copy of the Financial Guide can be found on the CVSC website. http://michigan.gov/mdch/0,4612,7-132-54783_54853_69769---,00.html
- If your agency is using a De Minimis Rate you will need to attach the De Minimis Rate Calculation worksheet that can be found in the Show Documents.
- If your agency has an indirect cost agreement with the Federal government then this will need to be attached to the indirect line.

Budget-Budget Summary

Budget Summary					
Description	Total	Amount	Cash	InKind	Narr.
DIRECT EXPENSES					
Program Expenses					
Salary & Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Volunteer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Volunteer Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Supplies & Materials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contractual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Total Program Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TOTAL DIRECT EXPENSES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
INDIRECT EXPENSES					
Indirect Costs					
Indirect Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Total Indirect Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TOTAL INDIRECT EXPENSES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TOTAL EXPENDITURES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

- This page displays totals by budget category(ies) entered into the budget.

Budget-Source of Funds

Source of Funds						
TOTAL EXPENDITURES		0.00	0.00	0.00	0.00	
Del.	Description	Amount	Cash	InKind	Total	Narr.
Source of Funds						
<input checked="" type="checkbox"/>	Fees and Collections	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	State Agreement	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Local	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Federal	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Foundation Grant	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	United Way Grant	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Contributions	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Volunteer	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Other(s)	0.00	0.00	0.00	0.00	
Total Source of Funds		0.00	0.00	0.00	0.00	
Totals		0.00	0.00	0.00	0.00	

- Source of Funds refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:
 - Total Expenditures – The information is pre-populated from the Budget Summary of the total expenditures entered in the detail budget.
 - Fees and Collections – This is not allowed for the VOCA grant.
 - State Agreement – Enter the federal funding allocated for support of this VOCA project.
 - Local – Enter the amount of sub-grantee funds utilized for support of this VOCA project.
 - Federal – This section should not be used.
 - Foundation Grant- Cash Match.
 - United Way Grant- Cash Match.
 - Contributions- Cash Match.
 - Volunteer- In-kind match should only be included in this section.
 - Others- Cash Match.
 - Total Source of Funds – The system automatically calculates the total amount.

Submitting the Application

- ▶ Only the person listed as the Authorized Official can submit the application. If there has been a change in Authorized Official since the last application or amendment, we will need a signed delegation letter from either the last Authorized Official on record or the Board of Directors giving the new Authorized Official the authority to sign the contract.
- ▶ To submit the application in Egrams, the Authorized Official will go to Grantee->Grant Application->Grant Application Preview. Once at the Grant Application Preview screen select a Grant program then click the 'Go' button. Select the program to be submitted and click the 'Submit' button. The system will ask for a confirmation before submitting.

Portal Documents

- As part of the VOCA Crime Victim Assistance Grant application, the Applicant shall upload and submit required agency documents on their Agency Profile through MI EGrAMS agency portal at URL: <http://egram-mi.com/portal/>.
- The upload file should be in PDF format with a file name no longer than 13 characters including spaces, and should not include special characters such as _%/@. The maximum size of an upload may be up to 8MB.
- These documents should be updated by the applicant so that they are valid for the current fiscal year.
- **These forms need to be uploaded before the application deadline.**
 - 501 (c) 3 IRS documentation of non-profit status (non-profit applicant)
 - Articles of Incorporation and Amendments to the Articles of Incorporation (non-profit applicant)
 - Michigan Solicitation Registration
 - Certificate of Exemption for Hiring Practices on the Basis of Religion (religious organizations)
 - Single Audit or Financial Statement Audit (most current) The required audit must be submitted to the Department within nine months of the end of the Grantee's fiscal year by e-mail to the Department at MDHHS-AuditReports@michigan.gov.
 - 990 (most current)
 - Federal Civil Rights Compliance Checklist
 - EEOP Certification form upload (if required)

Portal Documents

- As part of the VOCA Crime Victim Assistance Grant application, the Applicant shall upload and submit required agency documents on their Agency Profile through MI EGrAMS agency portal at URL: <http://egram-mi.com/portal/>.
 - The upload file should be in PDF format with a file name no longer than 13 characters including spaces, and should not include special characters such as _%/@. The maximum size of an upload may be up to 8MB.
 - These documents should be updated by the applicant so that they are valid for the current fiscal year.
 - **These forms will need to be uploaded during the application modification stage if your agency is accepted.**
-
- EEOP Plan (if required)
 - Non Discrimination Notice – beneficiary
 - Non Discrimination Notice – employee
 - Non Discrimination Policies
 - Grievance Procedures
 - Title IX notice (if operate an education program or activity)
 - Title IX grievance procedures (if operate an education program or activity)
 - Discrimination Findings (if there are any)
 - Limited English Self-Assessment Review
 - Limited English Four Factor Analysis
 - Limited English Policy/Plan
 - Fiscal Review Questionnaire. (Required when Egrams asks for it)
 - Civil Rights Training Acknowledgement Form

Uploading Documents to the Portal

The screenshot shows the EGrAMS Application interface. At the top, there is a navigation bar with 'Michigan.gov' and 'The Official State of Michigan Website'. Below this, there are dropdown menus for 'Grantee', 'Agency', and 'Grantee Agency'. A 'Change' button is circled in red in the top left corner. The main content area is divided into tabs: 'General Information', 'Contact Information', 'Attachments', and 'Demographic'. The 'General Information' tab is active, showing various input fields for agency details. At the bottom right, a 'Find' button is circled in red.

Code	County	Primary
<input type="checkbox"/>	...	<input type="checkbox"/>
<input type="checkbox"/>	...	<input type="checkbox"/>
<input type="checkbox"/>	...	<input type="checkbox"/>
<input type="checkbox"/>	...	<input type="checkbox"/>
<input type="checkbox"/>	...	<input type="checkbox"/>

- After logging into the portal go to Grantee->Agency->Grantee Agency. This should bring you to a screen with 4 tabs, you will be on the general information tab. Your agency Federal ID and Agency name should be listed, if not use the look up button to find your agency. If your information is listed click Change in the top left corner then click Find in the bottom right hand corner. You will be brought back to the General Information Tab. Go to the Attachment tab. You can upload your documents here.
- To upload a document, use the lookup icon on the first empty line to select the type of document that you would like to upload. Click on the browse button at the end of the line, find your document, and click open. Click Ok in the bottom right hand corner to save the upload.



VOCA Contacts

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517-241-5249

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cruzkemperA@michigan.gov

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517-241-5241

Due to the competitive nature of this years application, the VOCA staff will not be able to answer programmatic questions over the phone. Programmatic questions should be emailed by Friday, March 25th, at 5pm to MDHHS-CVSC-VOCA-GRANTS@michigan.gov. The questions and answers will be posted by the date listed in the RFP on the MI E-Grants system.

For technical assistance when completing registration or entering applications please contact:

Laura Geist

geistL1@Michigan.gov

517-241-3932

FY 2017 EGrants VOCA Application Instructions

Getting Started (Current Grantees can skip to Request Access to the Application) Creating an Agency User Profile

Go to the EGrants Portal website: <https://egrants-mi.com/portal/user/home.aspx>

- Click on Register your Agency



- Fill out the General Information tab.

- Under Agency Xref click Set relation with Grantor Agencies.

- Using the “Look Up” menu (shown above in in Red) select Michigan Department of Health and Human Services. Select Grantee Agency as your Agency Class. Click OK to save.
- Once the entire General Information Tab has been completed click the ok button to submit the Agency Profile.

FY 2017 EGrants VOCA Application Instructions

Creating an User Profile

Go to the EGrants Portal website: <https://egramsmi.com/portal/user/home.aspx>

Click on Create User Profile. Each user will need to set up their own profiles. Profiles cannot be shared between users. Once the profile has been submitted your agencies Project Director will need to activate each user (this is explained in the next section).

EGrAMS Application Michigan.gov The Official State of Michigan Website

Application Home (*)-required field Date: Feb-18-16

- Home
- About EGrAMS Portal
- EGrAMS Portal Login
- Grant Opportunity Notification
- Register your Agency
- Create User Profile**
- Validate Workstation
- Search Grants
- Advanced Grant Search

EGrAMS (Electronic Grants Administration and Management System) Portal is State of Michigan grant management application portal to aid the grantee community in the search for grant opportunities state-wide. There are over 250 grant programs offered by the State grant making agencies. EGrAMS-MI.com allows one stop shop for organizations to access and find grants across State Departments.

Please Note: *If you are in need of personal Financial assistance such as Social Security/Supplemental Security Income, Medicaid or State Social Services, you can find help at www.michigan.gov. This type of individual assistance is not available on the website.

*If you are starting and/or growing a business in Michigan, you can find help at Michigan Small Business and Technology Development Center. Link to www.gvsu.edu/misbt/dc/. This type of assistance is not available on this website.

If you have any technical problem, please contact HTC's EGrAMS Help Desk at egramshelp_dch@htcinc.com. Please include your full name and complete telephone number (with area code) when you contact the Help Desk.

Fill out the profile and click ok to submit.

- Select Grantee for Role Code.
- Under Agency Xref click Setup Your Roles for Grantor Agencies. Using the “Look Up” menu (shown above in in Red) select Michigan Department of Health and Human Services. Select Grantee Agency as your Agency Class. Click OK to save.
- When searching for your Agency name put a % in front and behind your agency’s name when you search. This will shorten the list. For instance %flower inc%

User Details

*Login Name:

*Password: *Confirm Password:

*First Name: *Last Name:

*Display Name:

*Address Line 1:

Address Line 2:

*City: *State: *Zip 1: Zip 2:

*Phone: Phone Extension:

Fax: Menu Style:

*e-Mail Address:

Designation/Title: *Role Code:

Parent Agency:

*County:

Agency Xref: [Setup Your Roles For Grantor Agencies](#)

Password Reset: Yes No User Status: Show Security

OK Cancel

FY 2017 EGrAMS VOCA Application Instructions

Request Access to the Application

Go to the EGrAMS website: <https://egrms-mi.com/dch/User/home.aspx>

Click Project Director Request

The Michigan Department of Health and Human Services (MDHHS) is one of 22 departments of the government in the State of Michigan. The department is the largest in the state government and is responsible for health policy and management of the state's publicly funded health service systems. The MDHHS utilizes the EGrAMS software to implement the MI E-Grants program.

EGrAMS is an Electronic Grants Administration & Management System to aid users in the grants process. The System is password protected and only authorized users can access the system.

To access MI E-Grants, you should have a valid User ID. To apply to become an authorized user, you first need to create a User profile (see left side bar). Once created, your request will be reviewed, and if accepted, you will be notified by email.

The options in the left pane of the home page do not require a valid User ID. Move the mouse over the options to view additional details for each option. For additional information, click on the book icon at the top of the page.

If you have any problem accessing the application, please contact **Brenda Roys, MI E-Grants Helpdesk at (517) 373-1207** or at RoysB@michigan.gov. Please include your full name and complete telephone number (with area code) when you contact the MI E-Grants Helpdesk.

Fill out the Project Director Request. You will be notified by email when your request has been accepted. You will not be able to fill out the application until your Project Director Request has been accepted.

Do you have a valid EGrAMS Login Name:	<input type="radio"/> Yes <input type="radio"/> No
*EGrAMS Login Name:	<input type="text"/>
*Password :	<input type="password"/>
Agency :	<input type="text"/>
<hr/>	
Is this your correct agency:	<input type="radio"/> Yes <input type="radio"/> No
*Grant Category:	<input type="text"/> ... <input type="text"/>
*Grant Program:	<input type="text"/> ... <input type="text"/>

FY 2017 EGrams VOCA Application Instructions

Assigning Users through the Project Director

Go to the EGrams website: <https://egram-mi.com/dch/User/home.aspx>

- Log in and select Grantee, Project Director, and Assign Area Users for the search boxes and click GO.
- Select the grant program that you would like to make changes to.
- Agency should be prepopulated.
- Click the Find button then the Assign button.
- User Listing: All registered Users of the system for your agency will appear in this list.
 - If the User is not shown, verify with the user that he/she has created profile.
 - If the User has created a profile and you're still unable to view them in the list contact the MI E-Grants MDCH System Administrator
- User Status: Check box next to the name of the user to activate user to selected program.
- Role: System has pre-populated information.
- Perm Code: Your agency will need an Authorized Official, Finance Officer, and Project Director. These have to be three separate people.
 - *Authorized Official* – individual authorized to sign binding agreements on behalf of the agency. This permission can accept/revise allocations, submit a grant application, electronically execute an agreement/amendment and submit nonfinancial progress reports, if funding is awarded.
 - *Finance Officer* – individual that oversees financial operations and submits financial reports for the agency. This permission can accept/revise allocations, enter information into the application, review an agreement/amendment and submit financial reports, if funding is awarded.
 - *Project Director* – individual that oversees the day-to-day program operations for the agency or a project/program for the agency. This permission can review allocations, enter information into the application, review an agreement/amendment and submit nonfinancial reports, if funding is awarded. This permission also assigns permissions to other users in the agency.
 - *Reports Administrator* – individual that completes grant monitoring activities for the agency. This permission can enter information into a progress report after funding is awarded.
 - *Grant Writer* – individual that writes grant applications for the agency. This permission can enter information into the grant application.
 - *Reviewer* – individual that reads application to assure accuracy and completeness. This permission has read access only and can review the application and agreement/amendment language.
- Perm Status: Check this box to give them access to the system.
- Click OK to save changes.

FY 2017 EGrants VOCA Application Instructions

Getting to the Application

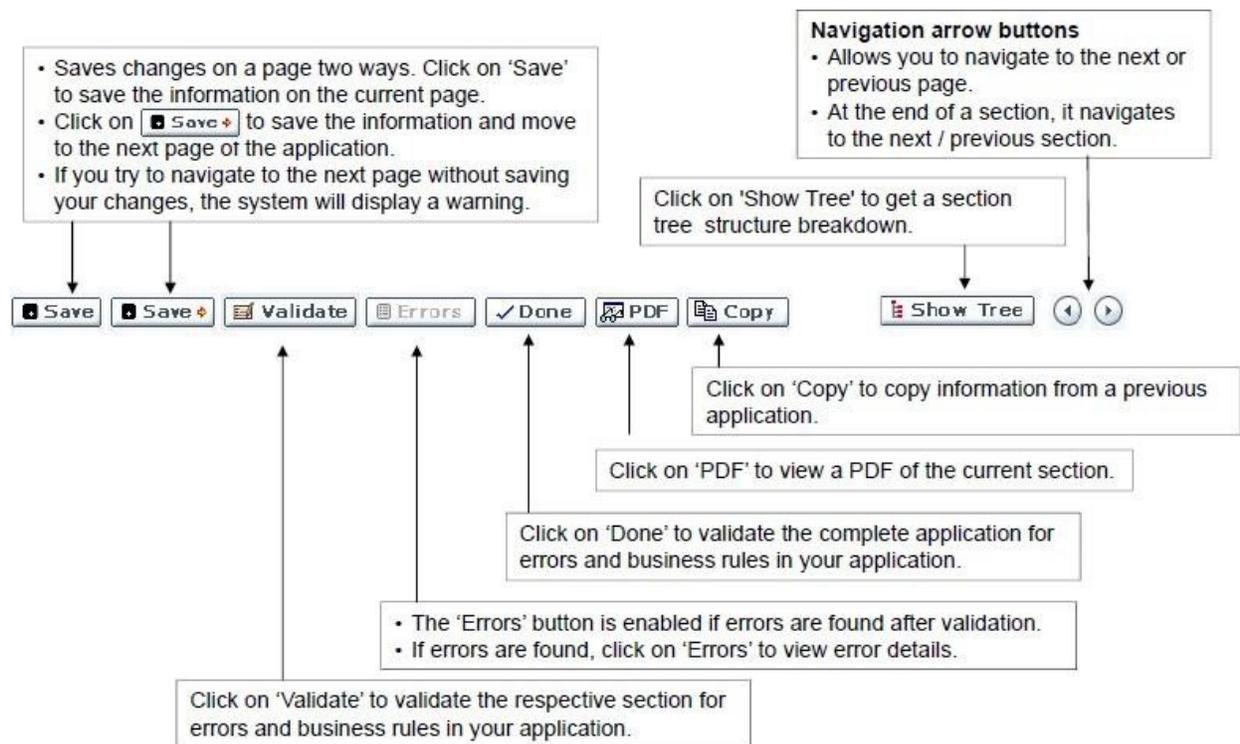
The application is listed on EGrAMS at <https://egram-mi.com/dch>

Go to Grantee->Grant Application->Enter Grant Application, click 'Go'. Once at the Grant Application Entry Screen select a Grant Program, it should be VOCA Crime Victim Assistance-20XX (with the year you are applying for). Click the 'Go' button. Your application will be displayed.

A blank version of the application can be found on EGrAMS at <https://egram-mi.com/dch> Under Current Grants go to Legal and Policy Affairs->CVS-2017->View EGrAMS Application Form.

Navigating the Application

There are seven section tabs that you can click to move around the application. You can also click on 'Show Tree' to move around within a section tab. 'Show Tree' will display a menu, click on the page you want to go to and click 'OK'.



FY 2017 EGrams VOCA Application Instructions

Facesheet

Demographic Information (Fiscal Agent Information - Page 1)

- Egrams prepopulates this information from the Portal. Check to make sure that the information is correct. If the information is incorrect, change it here and update the Portal.
- The Reference number is your agency's DUNS number. You can apply for a DUNS number at www.dnb.com
- The agency's fiscal year is not necessarily the project dates.

Organizational Detail (Fiscal Agent Information - Page 2)

- Nonprofits should include their Michigan Solicitation Registration Number which can be found on your Michigan Solicitation Registration Document.
- All agencies are required to have a CCR registration. This means that you have a DUNS number registered with SAM. Your agency's SAM account will need to be reactivated every year. www.sam.gov
- The State MESC (Michigan Employment Security Commission) number is the account in which unemployment funds are placed. Most agencies have this account, but not all.
- The Sales Tax number is only required of agencies that collect sales tax whether they need it for our program or not.
- Please complete and attach the Financial Capability Questionnaire. Do not include a copy of your Audit here your agency's most recent audit should be uploaded to the Portal. The upload file should be in PDF format with a file name no longer than 13 characters including spaces, and should not include special characters such as _%/@.

This form can be found at <http://ojp.gov/funding/Apply/Resources/FinancialCapability.pdf>

Program /Service Information (Program Information - Page 1)

- Please indicate if the grantee agency is implementing the program. If 'No' is selected, enter the implementing agency's name. Click on the mailbox to enter the implementing agency's contact information.
- The project start and end date are typically the state fiscal year of October 1st through September 30th.

Service Impact and Victim Population (Program Information - Page 2)

- Select the appropriate radio button to indicate the purpose of the grant.
- Select the appropriate box(es) to indicate which type(s) of victims will be served by the VOCA project.
- Identify the VOCA FUNDED SERVICES to be provided by project staff. This question is for VOCA funded services only. VOCA does not fund Shelter services. **Assistance in Filing Compensation Claims is a requirement of the grant.**
- Identify other services offered but NOT VOCA FUNDED provided to victims by your agency. This question is for all non VOCA funded services offered at your agency.

Source of Funding (Program Information - Page 3)

- List source of funds for all victims' service program with your agency, not just the VOCA funded project.
- Only list funding for victim assistance services.
- Each funding source needs to be listed for the application year and current year if the funding source was used during that time period. If your agency received funding from a source for only one year, list \$0 for the year you didn't receive funding from that source.

FY 2017 EGrams VOCA Application Instructions

- Federal funds include funds from Department of Justice (VOCA, COPS, Byrne, STOP Grants, Violence Against Women Act Grants), Health and Human Services (Rape Prevention, Family Violence and VOCA Children's Justice Act), Americorps, FEMA, Housing and Urban Development, and McKinney Act grants. Monies from any of these federal programs may not be used as source of match for VOCA grants. This is not discretionary. It is a required condition of federal funding to the State of Michigan.
- State funds include any type of funding received from state government sources.
- Local funds include any type of funding received from local governmental sources (county, municipal, and township).
- Other funds include any type of funding received from United Way, foundation grants, donations, fundraising, etc.

Prorate VOCA Project Funds (Program Information - Page 4)

- Enter the dollar amount for each of the VOCA project funds that are to be allocated to the different types of victimizations.
- The types of victims should be consistent with the types of victims listed on the Service Impact and Victim Population question (g) on the Service Impact and Victim Population page.
- The total should be the Federal agreement amount.
- Enter \$0 for all of the types of victimization that will not be funded by VOCA.
- There is a worksheet to help you fill this out under show documents in the top right corner of the screen called VOCA Prorated Project Funding Worksheet.

Certifications/Contacts Information

- Identify an Authorized Official, Civil Rights Person, Financial Officer, and Project Director.
- The Civil Rights person is the only role that can be the same as another role.
- Your agency **cannot** have more than one person listed for any of these role.
- The Egrams Login needs to be filled in using the 'Lookup' button. If the person is not listed in the 'Lookup' menu they will need to set up an Egrams User Profile and have the Project Director assign them to the grant.
- Do not use the same email address for multiple users. Each user needs to have a unique email address.

Certifications

Special Certifications

- Read and confirm the statements shown.

Equal Employment Opportunity Plan (EEOP)

- Either the EEOP Plan or EEOP Certification Form needs to be uploaded into the EGrams Portal.
<https://egrams-mi.com/portal>

Limited English Proficiency (LEP)

- Upload the Self-Assessment Review and Four Factor Assessment to the Egrams Portal.
- If your agency has a written policy/plan on providing language access services to LEP person than it needs to be uploaded to the EGrams Portal as well.

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Narrative

Abstract

- Provide an overview of your agency's proposed VOCA project for victims of crime.
- This section should specifically address how your agency's proposed VOCA project will help you to reach the Objectives identified in your Work Plan.
- Please limit your response to 5000 characters.

Counties

- Indicate the County(ies) in which the VOCA project will operate and that you propose to provide services.

Congressional, State Senate and State House Districts

- Indicate the U.S. Congressional, State Senate and House District(s) in which the project will operate and that you propose to provide services by clicking on the appropriate box(es).
- Download a map of Michigan Congressional Districts at:
http://michigan.gov/documents/Congress01-state-E_43697_7.pdf
- Download a map of Michigan State Senate Districts at:
http://michigan.gov/documents/CGI_Senate01-state-E_117281_7.pdf
- Download a map of Michigan State House Districts at:
http://www.michigan.gov/documents/House_state_16750_7.pdf

Mission Statement

Please provide your agency's mission statement regarding provision of service to crime victims. Please limit your responses to 5000 characters.

Victims Served

- For the most recently ended and identified calendar or fiscal year, please provide the total number and types of victims served by your agency. Please limit your responses to 5000 characters.
- Example:
For the fiscal year 2014 the agency provided services to 200 sexual assault victims and 300 child sexual assault victims.

Agency History

- Explain why it was formed, when it was formed (date created), how it was formed (grass roots or legislative mandate), and how it has changed since formation.
- Provide the number of agency work sites in service area, and the agency's governing and organizational staffing structure.
- For public agencies, indicate when the public official was elected or appointed.
- For non-profit organizations, indicate how and when the executive director was appointed (e.g., by the board of directors, after a search, by a personnel committee recommendation, etc.).
- Provide the name and title of the person responsible for hiring and supervision of agency staff.
- Provide the name and title of the person responsible for direct supervision of VOCA project staff.
- Please limit your responses to 5000 characters.

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Interagency Coordination

- Describe your agency's program service relationships with other agencies and how those relationships promote coordinated services.
 - Identify those activities and services provided by your agency on-site, in conjunction with, or at the request of the organization listed.
 - Identify those agencies with which you have formal agreements regarding the provision or improvement of services to crime victims. Documented interagency agreements are preferred.

Community Collaboration

- Describe your agency's leadership or participation in victims organizations, task forces and coordinating groups that promote interagency training, coordination, and quality victim services.

Crime Victims Compensation

- To ensure compliance with VOCA grant requirements to assist victims with Crime Victims Compensation, describe what your agency's practices are or will be in identifying and assisting injured victims of crime in applying for Crime Victims Compensation. Assisting victims in Filing Compensation Claims is a requirement of the grant.
- Identify if this assistance is provided by one or more staff, whether information about Crime Victims Compensation is included in public presentations or written materials about services provided at your agency and if assistance with compensation is included in client intake process.
- Please limit your responses to 5000 characters.

Maintaining Qualified Staff

- Briefly describe what your agency's practices are in maintaining trained and qualified staff at your agency.
- What types of training or continuing education requirements do you have for direct service staff at your agency?
- Are continuing education credits or credentials required for any of your staff members? For example, are staff required to be credentialed by NOVA's National Advocate Credentialing Program (Credentialed Advocate - Provisional, Basic, Intermediate, Advanced) or have Social Work CEUs?
- How are these requirements being funded? For example, agency paid using agency funds or grant funds or staff paid out-of-pocket?
- Has it been difficult for your agency?
- Provide assurance that the agency will provide, with grant or match funds (or local funds at no cost to the grant), at least 24 hours of skills building staff training during the grant project for each grant funded and match staff position.
- Please limit your response to 5000 characters.

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Volunteers

- Describe what your agency's practices are or will be in maintaining a community volunteer commitment including recruitment, training, supervision and recognition activities.
- Describe your agency's volunteer effort by indicating: how many volunteers; how many total volunteer hours; how often volunteers are recruited and who recruits; what type of screening and interviews; what type of training (i.e., quarterly trainings or monthly in-service); what type of commitment is required of volunteers (number of months or hours); how volunteers are supervised and who supervises them; and what volunteer recognition activities occur and how often.
- Please limit your responses to 5000 characters.

Public Awareness

- Describe how your agency provides or will provide information to the public and other service providers about the crime victim services activities of your agency and this project.
- At a minimum, information about the VOCA grant project should be included in public presentations, brochures and annual reports, and acknowledge the CVSC and VOCA Crime Victims Fund.
- Please limit your responses to 5000 characters.

Problems

- Describe the problem(s) in your community which your project(s) addresses/will address. Provide local statistical and/or other data supporting the need for services.
- Recent local data with dates and sources cited is strongly preferred.
- Example:
According to statistical data from Smith and Jones Counties Children's Services, from 2010 through 2015, nearly 10,000 reports of child abuse/neglect were made in our target service area, which extends over a two-county area. ("Smith and Jones Counties Children's Services Annual Reports, 2009-2015"; 2,094 in 2011, 2,111 in 2012, 2,652 in 2013, 1,876 in 2014, and 1,699 in 2015.) These reports resulted in nearly 6,000 findings of abuse or neglect, over 1,000 foster placements, and over 700 convictions for criminal sexual assault. ("Children's Services".) According to the U.S. Census Bureau, the poverty rate in Smith County is 18.1%, while the poverty rate in Jones County is 14.2%. ("U.S. Census Bureau, County Quick Facts).

Victim Needs

- State the needs of the victims affected by the problem(s) you listed in the previous question.
- Example:
Sexually abused children have a number of serious needs that must be met for their recovery and their ability to grow into healthy, functional adults. In the immediate aftermath of disclosure of abuse, a child and the non-offending parent(s) need crisis intervention, counseling and support services. They also need criminal justice support and advocacy and counseling as cases proceed to criminal court. In the longer-term, abused children frequently need to develop coping skills to help them recover emotionally. Many also require non-offending parents to acquire improved child-rearing and skills to further protect children from abuse.
- Please limit your responses to 5000 characters.

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Other Local Services

- Excluding the services your agency provides, briefly describe other efforts in your community that address or have addressed the problem(s) and/or needs indicated in the Problems and Client Needs screen.

Staff Description

- Describe the requested staff positions, including:
 - 1) A general overview of staff role and responsibility.
 - 2) Are staff full or part time?
 - 3) Are you asking for continued funding or is new VOCA support is requested for each position?
 - 4) Rank in order the three most critical project activities to be performed. These project activities should correlate to the project activities presented in the Work plan section of this application.
- Example:

Victim Service Agency proposes to continue funding two full-time Crime Victim Advocates. We also propose that VOCA funds support the hiring of one full-time M.S.W. Counselor. These staff would provide services to homicide survivors. Victim advocates would perform the following: ACTIVITY #1: Coordinate volunteer crisis intervention and court advocate teams to respond to the immediate needs of homicide survivors at hospitals, police departments, prosecutors' offices and during trial; and ACTIVITY #2: Advocacy support services responding to both personal and legal advocacy needs of survivors. The M.S.W. Counselor would perform the following: ACTIVITY #3: Counseling, crisis intervention and support groups.

Staff and Volunteers

- If your agency is requesting a volunteer waiver it should be uploaded on this page.

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Work plan

<ul style="list-style-type: none"> [-] 1) To provide quality cou [-] 1) The VOCA Counselor at [-] 2) To provide in person c [-] 2) The VOCA Counselor or [-] 3) To provide adequately [-] 3) The counselor will fac 	<table border="1"> <tr> <td>*Objective :</td> <td colspan="3">1) To provide quality counseling services</td> </tr> <tr> <td>Activity :</td> <td colspan="3">1) Therapist will provide group and individual counseling to victims of domestic and/or sexual violence. Counseling is available from 9am to 9pm. Individual sessions are usually 50 mins and groups sessions last for 1.5 hours. Both types of counseling occur on a weekly basis. An average length of counseling is 3 to 6 months.</td> </tr> <tr> <td>Responsible Staff :</td> <td>Counselor</td> <td>Timeline Indicator :</td> <td>Date Range</td> </tr> <tr> <td>From / To Date :</td> <td>10/01/2014</td> <td>09/30/2015</td> <td>Outcome Applicability : <input checked="" type="checkbox"/></td> </tr> <tr> <td>Expected Outcome :</td> <td colspan="3"> 1-1) 95% of victims will find the program to be helpful to their healing process. 1-2) 95% of victims will have more ways to plan for their safety. 1-3) 95% of clients will feel more hopeful about the future. </td> </tr> <tr> <td>Measurement :</td> <td colspan="3"> 1-1) Client Feedback Survey that includes the question: Was the program helpful to your healing process? 1-2) Client Feedback Survey that includes the statement: I have have more ways to plan for my safety? 1-3) Client Feedback Survey that includes the question: Do you feel more hopeful about the future? </td> </tr> </table>	*Objective :	1) To provide quality counseling services			Activity :	1) Therapist will provide group and individual counseling to victims of domestic and/or sexual violence. Counseling is available from 9am to 9pm. Individual sessions are usually 50 mins and groups sessions last for 1.5 hours. Both types of counseling occur on a weekly basis. An average length of counseling is 3 to 6 months.			Responsible Staff :	Counselor	Timeline Indicator :	Date Range	From / To Date :	10/01/2014	09/30/2015	Outcome Applicability : <input checked="" type="checkbox"/>	Expected Outcome :	1-1) 95% of victims will find the program to be helpful to their healing process. 1-2) 95% of victims will have more ways to plan for their safety. 1-3) 95% of clients will feel more hopeful about the future.			Measurement :	1-1) Client Feedback Survey that includes the question: Was the program helpful to your healing process? 1-2) Client Feedback Survey that includes the statement: I have have more ways to plan for my safety? 1-3) Client Feedback Survey that includes the question: Do you feel more hopeful about the future?		
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- You can navigate to the 3 objectives using this tree.
- Please provide only the three most critical project activities and rank in order of importance. These project activities should correlate to the project activities presented in the Project Resources screen of the Narratives section.
- These project activities, expected outcomes, outcome measures and long-term objectives should reflect your thoughts regarding the evaluation of your project. Example Activities, how to Measure Outcomes, and Long-Term Objectives have been provided on the CVSC website (http://michigan.gov/mdch/0,4612,7-132-54783_54853_69769---,00.html) titled: Examples Project Activities and Outcomes. Expected Outcome section requires that you describe what change you expect to occur as a result of the project activity. Outcomes must be measurable and tied to the project activity. Outcomes are changes in knowledge, attitudes, skills, behaviors, expectations, emotional status, or life circumstances that the project activity is designed to bring about in crime victims and their families. A list of acceptable outcomes approved by CVSC for VOCA Grantees by activity is provided on the CVSC website (http://michigan.gov/mdch/0,4612,7-132-54783_54853_69769---,00.html) titled: Examples Project Activities and Outcomes.
- Please label the items in your work plan as follows: Objective 1), Activity 1), Expected Outcome 1-1), 1-2), 1-3), Measurement 1-1), 1-2), 1-3), then for the second objective, Objective 2) Activity 2) Expected Outcome 2-1), 2-2), 2-3) etc. See screen shot above.
- Objective: Enter an Objective in the text box provided.
- Activity: Enter an activity associated to that Objective in the text box provided.
- Responsible Staff: Enter the position title for staff responsible for this activity. Do not enter staff names.
- Timeline Indicator: Select Date Range or Date using the 'dropdown'. Then enter the actual date information:
- Date Range: Enter the timeframe associated with completing the activity in the From/To

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Date fields, using the 'Calendar Lookup'.

- Date: Enter the expected completion Date in the From field, using the 'Calendar Lookup.'
- Outcome Applicability: Reporting of outcomes is required, please check the outcome applicability box and proceed to Expected Outcomes and Measurement fields.
- Expected Outcomes: Enter 3 expected outcomes for this activity.
- Measurements: Enter the measurement that will be used to indicate that the outcome has been achieved.

Budget

General Budget Instructions

- Amount = Federal Agreement Amount
- Cash= Cash Match
- In Kind= Volunteer Match
- Identify Source of Match in the note section of the line used as Match.
- VOCA funds may be used to purchase furniture and equipment that provides or enhances direct services to crime victims. VOCA funds cannot support the entire cost of an item that is not used exclusively for victim-related activities, but can support a prorated share of such an item.

Salary & Wages

- Please select the position title from the look up menu that best matches the position title at your agency. If your agency's position title is not an exact match for the title selected, please list your actual position title in the Notes area.
- The Employee name goes into the box below the Position Title.
- Upload the position description and resume as one file for each position at the end of their line. The upload file should be in PDF format with a file name no longer than 13 characters including spaces, and should not include special characters such as _%/@.
- The Position Description must include:
 - The title of the position.
 - The duties and responsibilities of the position.
 - The minimum qualifications.
 - The supervisory relationship including who supervises the position and if the position supervises others.
 - The skills and knowledge required for the position.
 - The personal qualities required for the position.
 - The amount of travel and or other special conditions or requirements.
 - The hours per day or week the employee will be expected to work.
 - The exempt or non-exempt status for the position.
 - The salary range for the position.
- The resume must be updated to include the current position.
- Upload the organizational chart and Board of Directors list (nonprofit organizations only) as one file in the Attachment space provided above the instruction box. The upload file should be in PDF format with a file name no longer than 13 characters including spaces, and should not include special characters such as _%/@.

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- The chart must contain the following:
 - The organizational chart should include all agency staff and volunteers by position.
 - List each member of the agency staff by name and position title.
 - Include volunteers on the organizational chart using tiers for volunteer positions (volunteers need not be listed individually).
 - Non-profit organizations should include the Board of Directors as a tier on the organizational chart, and must provide a list board officers and board members in a separate document, uploaded in the space provided. Please see the sample Board of Directors listing for a template.
 - In each position box, designate the percentage salary/wage derived from each funding source and whether the position is full time or part-time. All funding sources must be reflected on the organizational chart and hours must match what is reflected on the Personnel Budget Detail Worksheet.
 - If a new position is being proposed, or position is vacant, please identify as “new hire” or “vacant”.
 - When a staff person is hired, you have 30-days to notify the CVSC of the hire through email. Staff changes will also need to be documented in an amendment to the contract. Revised organizational charts must be uploaded with each project staffing change.
 - All of the agency’s agreement officials, including Authorizing Official, Civil Rights Contact Person, Project Director and Financial Officer must be on the organizational chart.
 - Please date the organizational chart.

Fringe Benefits

- The system prepopulates the total salary from the Salary and Wages section into the fringe section as units. The units should be changed to the actual amount your agency will be using. Please indicate the amount of each fringe benefit that your agency intends to cover with federal funds in the Amount column and the amount your agency intends to cover with match funds in the Cash column. Benefit totals will calculate automatically.
- If the applicant uses a fringe benefits calculation rate, they must provide for this application, a detailed breakdown of the items included and the calculation rates for each item. If awarded, grantees are required to report actual fringe benefit expenditures.
- Fringe Benefits calculation rates are only allowed when:
 - The rate is applied consistently among all activities at agency
 - The rate is adjusted annually
 - The funded staff are eligible for benefits.
- Unemployment is only taken from the first \$9500 of each employee’s salary unless your agency pays unemployment as a reimbursing employer.

Volunteer

- Volunteer positions should each be listed separately.
- Please select the position title from the look up menu that best matches the position title at your agency. If your agency’s position title is not an exact match for the title selected, please list your actual position title in the Notes area.

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- Upload the Position Description for each position as indicated. The upload file should be in PDF format with a file name no longer than 13 characters including spaces, and should not include special characters such as _%/@.
- The Volunteer Position Description must include:
 - The title of the position including the word Volunteer or Intern.
 - The duties and responsibilities of the position
 - The minimum qualifications.
 - The supervisory relationship including who supervises the position and if the position supervises others.
 - The skills and knowledge required for the position.
 - The personal qualities required for the position.
 - The amount of travel and or other special conditions or requirements.
 - The hours per day or week the employee will be expected to work.
- Volunteers should be listed in the In-Kind column.

Volunteer Fringe Benefits

- FICA for the volunteer hours can be used as Match.
- Volunteer Fringe should be listed in the In-Kind column.

Travel

- Describe the use of project funds for travel in the Narrative.
- For any and all individual line items in excess of \$500, please provide a brief description and justification for costs related to Travel in the Notes at the end of that line.
- On-site supporting documentation, such as a travel log, of travel expenses charged to this agreement must be maintained.
- This budget category includes costs for mileage, meals, lodging, and registration fees for approved seminars or conferences and other travel costs incurred by employees for the conduct of the project. Travel costs must be for the purposes of providing direct services to victims, transporting victims, or staff development conferences for project personnel (VOCA funded or match only).
- Provide description of travel, number of miles, mileage rate per mile, daily per person lodging and meal costs and number of days obligated to the travel. The applicant should base travel items on rates set by applicant agency but may not exceed state rates. Effective state travel rates are available at http://www.michigan.gov/dmb/0,1607,7-150-9141_13132---,00.html These include mileage rate; daily rates for lodging plus tax; and daily rates for meals: breakfast, lunch, and dinner.
- Travel costs associated with attendance at VOCA-sponsored trainings and meetings, including the VOCA Outcome Evaluation Training may be included in this category. Travel costs associated with attendance at in-state skills building training conferences offered by the Crime Victims Services Commission, Michigan Victim Assistance Academy, the Prosecuting Attorneys Association of Michigan and the Michigan Coalition Against Domestic and Sexual Violence are allowable skills development training opportunities. Travel costs for one VOCA funded full-time person per agency to attend the National Children's Advocacy Center National Symposium of Child Sexual Abuse may be included for accredited Child Advocacy Centers. Tribal programs may include travel costs for quarterly meetings of the Michigan Tribal Victim Assistance Committee.

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- Funds may NOT be used to attend out-of-state trainings beyond those described here without pre-approval by the CVSC.

Supplies and Materials

- Describe the use of project funds for supplies and materials in the Narrative.
- This budget category includes consumable and short-term items and equipment items. This includes: office supplies; printing and postage; equipment use fees (when supported by usage logs) for printing, photocopying, and postage; victim related books, workbooks, and resource materials; clothing made available in the emergency room to sexual assault victims; and printing brochures describing program services. Provide item explanation, quantity and unit price for each item. For things like consumables list each item in the notes for that line. Please be specific and do not use words like etc. and misc.
- Equipment could be included in either Supplies and Materials or Equipment depending on cost. Equipment items costing less than \$5,000 should be included in Supplies and Materials, and items costing more than \$5,000 should be included in Equipment.
- Examples of equipment items used in carrying out the objectives of the program include: TV; DVD player; digital camera, recording equipment and two-way mirrors for interviewing children; furniture for shelters; and equipment including desks, chairs and locking file cabinets for staff work spaces, furniture for victim waiting rooms, and children's play areas; computers, printers, scanners, paper shredders, and necessary software; and items necessary to make reasonable accommodations to victims and/or staff with disabilities. Also allowed are items to enhance services to handicapped victims, such as Braille resources or equipment or Telecommunications Devices for the Deaf (TTY/TTD).
- Leased equipment would go in the Other Expenses Category.

Contractual

- Contractors that go in this section include affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed through) to the sub recipient contractor.
- Examples: counselor, psychiatrist, lawyer providing emergency legal advocacy services. Single audit contractors and interpreters would be listed in the Other Expenses category.
- Select service description from look up menu, quantity, rate, and unit of measure. The maximum rate for consultant/contractual services may not exceed Office of Justice Programs Financial Guide limits. An eight-hour day may include preparation and travel time in addition to the time required for actual performance. These limits are not discretionary. If awarded, a signed agreement for consultant/contractual services must be to the FSR in which the expenditure is reported.
- In the information box  enter the Contractor Company, the Service Provided, Salutation, First Name, Middle Initial, Last Name, Address, City, State and Zip Code for each Contractor assigned to this project.

Equipment

- This budget category includes stationary and movable equipment valued at \$5,000 or more to be used in carrying out the objectives of the project. The cost of a single unit of

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equipment includes the necessary accessories and installation costs. Provide item, quantity, purchase price or monthly lease amount.

- VOCA funds may be used to purchase furniture and equipment that provides or enhances direct services to crime victims.
- Contractors are required to maintain property equipment records and annually report the following using agreement attachment B3: a description of the property and a serial number or other identifying number; identification of title holder; the acquisition date; the cost and the percentage of VOCA funds supporting the purchase; the location, use, and condition of the property; and any disposition data, including the date of disposal and sale price.

Other Expenses

- This budget category includes other allowable costs incurred for the benefit of this program. The following are line item categories of expenses:
- Space Rental. This category includes the costs for rent of building space necessary for the operation of the program. Pro-rated costs of space rent (not occupancy charges) is limited to \$10 per square foot and a maximum of 15 square feet per funded full-time employee or the fair market value of comparable space in the same locality. Documentation for this charge must be maintained on-site and provided upon request to document current reported expenditures.
- Communication Costs. This category includes the cost of telephone and data lines when related directly to the operation of the program. Items include beepers; beeper airtime; cell phones; cell phone provider fees; Internet service provider monthly fee; and telephone equipment, installation and monthly operating expenses.
- Emergency Financial Assistance. The emergency financial assistance category is limited to \$200 per victim/per Case. Written agency policy regarding distribution of emergency financial assistance funds is required. Emergency financial assistance is defined as emergency short-term child care or respite care for dependent adults, transportation, security measures (replacement of locks and repair of doors and windows to prevent immediate re-victimization), assistance in participating in criminal justice proceedings (i.e., transportation, childcare or respite care for dependent adults, and food).
- Memberships. This category includes the purchase of up to three organizational memberships in national or state criminal justice and victims' organizations. Individual memberships are not allowable.
- Contractors. Including professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are to be included in this category.
 - Examples: single audit contractor, translator, or interpreter for hearing impaired.
 - The maximum rate for consultant/contractual services may not exceed Office of Justice Programs Financial Guide limits. An eight-hour day may include preparation and travel time in addition to the time required for actual performance. These limits are not discretionary. If awarded, a signed agreement for consultant/contractual services must be uploaded to the FSR in

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which the expenditure is reported.

- In the notes enter the Contractor Company, the Service Provided, Salutation, First Name, Middle Initial, Last Name, Address, City, State and Zip Code for each Contractor assigned to this project.
- For agencies including Single Audit expenses (either in Federal request or as Match): The agency must provide calculation method used to determine the pro-rated share of Single Audit expenses. Calculation should indicate total Federal grant amounts, total Single Audit costs, and prorated VOCA amount. Information must be provided in the notes for this line. Use this equation to find the amount that VOCA will pay for a single audit:

$$\frac{\text{Total Federal Amount including VOCA}}{(\text{VOCA Amount}) * (\text{Total Single Audit Cost})} = \text{Amount VOCA will pay}$$

- Leased Equipment.

Indirect Expenses

- Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. Examples of costs usually treated as indirect include those incurred for the facility operation and maintenance, depreciation, and administrative salaries.

See the DOJ Grants Financial Guide for more information. A copy of the Financial Guide can be found on the CVSC website. http://michigan.gov/mdch/0,4612,7-132-54783_54853_69769---,00.html

- If your agency is using a De Minimis Rate you will need to attach the De Minimis Rate Calculation worksheet that can be found in the Show Documents.
- If your agency has an indirect cost agreement with the Federal government then this will need to be attached to the indirect line.

Budget Summary

- This page displays totals by budget category(ies) entered into the budget.

Source of Funds

- Source of Funds refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:
 - Total Expenditures – The information is pre-populated from the Budget Summary of the total expenditures entered in the detail budget.
 - Fees and Collections – This is not allowed for the VOCA grant.
 - State Agreement – Enter the federal funding allocated for support of this VOCA project.
 - Local – Enter the amount of sub-grantee funds utilized for support of this VOCA project.
 - Federal – This section should not be used.
 - Foundation Grant- Cash Match.
 - United Way Grant- Cash Match.
 - Contributions- Cash Match.
 - Volunteer- In-kind match should only be included in this section.

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- Others- Cash Match.
- Total Source of Funds – The system automatically calculates the total amount.

Miscellaneous

- Local community support for this crime victim service project is required. Please upload 3 current Letters of Local Support. The upload file should be in PDF format with a file name no longer than 13 characters including spaces, and should not include special characters such as _%/@.
 - Support letters should specifically reference the VOCA grant project, the crime victims' needs, and proposed solutions addressed in this proposal.
 - Letters should illustrate the unique relationship between your agency and your supporter.
 - Two of the three support letters must be from criminal justice officials (law enforcement, police, prosecutors or court officials), and one may be from another community service agency.
 - Tribal programs may include support letters from tribal, federal, state or local officials as appropriate.
 - Contact information for each application supporter authoring, must be included in the letter.
 - These letters should be on letterhead and include a signature.
- No other documents should be uploaded the Miscellaneous section unless otherwise instructed.

Submitting the Application

Only the person listed as the Authorized Official can submit the application. If there has been a change in Authorized Official since the last application or amendment, we will need a signed delegation letter from either the last Authorized Official on record or the Board of Directors giving the new Authorized Official the authority to sign the contract.

To submit the application in Egrams, the Authorized Official will go to Grantee->Grant Application->Grant Application Preview. Once at the Grant Application Preview screen select a Grant program then click the 'Go' button. Select the program to be submitted and click the 'Submit' button. The system will ask for a confirmation before submitting.

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Required Documents

Please check every upload to make sure that it will open.

Application

- Required documents listed below are to be uploaded to the VOCA Crime Victim Assistance Grant **application** URL: <http://egramsmi.com/dch/>
These documents should be uploaded on the screen requesting it in the application.
- **The upload file should be in PDF format with a file name no longer than 13 characters including spaces, and should not include special characters such as _%/@. The maximum size of an upload may be up to 8MB.**
- **Facesheet Tab**
 - Pg. 2 Organizational Detail-DOJ Financial Capacity Questionnaire
- **Budget Tab**
 - Salary and Wages
 - Organizational Chart – Combine with Board of Directors list to make 1 document as there is only 1 upload for these items.
 - Board of Directors (non-profit organizations) –Combine with Organizational Chart to make 1 document as there is only 1 upload for these items.
 - Position Description(s) and resume(s) for individuals included in the budget – These should be scanned in to make 1 document as there is only 1 upload per staff line.
 - Volunteer
 - Position Description(s) for volunteer position included in the budget
 - Indirect Costs
 - De Minimis Rate Calculation worksheet (for organizations using a De Minimis rate)
 - Indirect Cost Agreement if the agency has one and asking for Indirect costs.
- **Miscellaneous Tab**
 - 3 Letters of Support

Portal

- As part of the VOCA Crime Victim Assistance Grant application, the Applicant shall upload and submit required agency documents on their Agency Profile through MI EGrAMS agency portal at URL: <http://egramsmi.com/portal/>.
- **The upload file should be in PDF format with a file name no longer than 13 characters including spaces, and should not include special characters such as _%/@. The maximum size of an upload may be up to 8MB.**
- These documents should be updated by the applicant so that they are valid for the current fiscal year.
 - Fiscal Review Questionnaire.
 - 501 (c) 3 IRS documentation of non-profit status (non-profit applicant)
 - Articles of Incorporation and Amendments to the Articles of Incorporation (non-profit applicant)
 - Michigan Solicitation License
 - Certificate of Exemption for Hiring Practices on the Basis of Religion (religious organizations)
 - Single Audit or Financial Statement Audit (most current)
The required audit must be submitted to the Department within nine months of

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the end of the Grantee's fiscal year by e-mail to the Department at MDHHS-AuditReports@michigan.gov.

- 990 (most current)
- Federal Civil Rights Compliance Checklist
- EEOP Plan (if required)
- EEOP Certification form upload (if required)
- Non Discrimination Notice - beneficiary
- Non Discrimination Notice - employee
- Non Discrimination Policies
- Grievance Procedures
- Title IX notice (if operate an education program or activity)
- Title IX grievance procedures (if operate an education program or activity)
- Discrimination Findings (if there are any)
- Limited English Self-Assessment Review
- Limited English Four Factor Analysis
- Limited English Policy/Plan

Saving a Microsoft Word document as a PDF document

- Word 2010 - Open the word document that you would like to convert to PDF. Click the File tab, then Save As. In the "File Types" field, choose PDF or XPS Document. In the pop-up dialog box, enter a file name and location. Click Publish.
- Word 2010- Open the word document that you would like to convert to PDF Click the File tab, then Save As. In the File Name box, enter a name for the file, if you haven't already. In the Save as type list, click PDF (*.pdf). Click Save.
- Word 2007- Open the word document that you would like to convert to PDF. Click the Microsoft Office Button, point to the arrow next to Save As, and then click PDF or XPS. In the File Name list, type or select a name for the document. In the Save as type list, click PDF. Click Publish. Don't have the PDF option? Download and install Acrobat from Adobe Systems.

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Uploading Documents to the Portal

After logging into the portal go to Grantee->Agency->Grantee Agency. This should bring you to a screen with 4 tabs, you will be on the general information tab. Your agency Federal ID and Agency name should be listed, if not use the look up button to find your agency. If your information is listed click Change in the top left corner then click Find in the bottom right hand corner. You will be brought back to the General Information Tab. Go to the Attachment tab. You can upload your documents here.

To upload a document, use the lookup icon on the first empty line to select the type of document that you would like to upload. Click on the browse button at the end of the line, find your document, and click open. Click Ok in the bottom right hand corner to save the upload.

The screenshot shows the EGrAMS Application interface. At the top, there are dropdown menus for 'Grantee', 'Agency', and 'Grantee Agency'. Below these are buttons for 'Change' and 'Review'. The 'Change' button is circled in red. The main content area has tabs for 'General Information', 'Contact Information', 'Attachments', and 'Demographic'. The 'General Information' tab is active, showing fields for Federal ID (99-9999999), DUNS Number, Agency Name (Your Agency Name here), Vendor Reference, Address Line 1 and 2, City, State, Zip, Website, Faith Based (Yes/No), Agency Type, and Agency Sub-Type. Below this is the 'Contact Information' section with fields for Contact Person, Email, Phone, Ext, Fax, and Mailing Address Same. At the bottom, there is a table with columns for Code, County, and Primary. The 'Find' button is circled in red.

Signing the Agreement

The application will have to be approved by multiple offices within the department before it can be signed. When it has been approved by the department an email will be sent to the Project Director to let your agency know that the contract is ready to be signed.

To sign the agreement the Authorized Official will go to Grantee->Project Director->Application Status. Once at the Application screen the Authorized Official will select a program and click the 'Find' button. The system will display the grant program status selected. Click the 'Sign Contract' button to accept and execute the agreement.