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Send to: ICASA Office – No Fax or E-mail

Due Date: **June 16, 2017, 5:00 p.m.**

Late Fine Policy Applies

**DO NOT ADD ADDITIONAL PAGES**

APPLICATION FOR FY18 VOCA FUNDS

CERTIFIED RAPE CRISIS CENTER

1. **Name of Applicant Organization**

2. **Applicant’s Address**

**City/State/Zip Phone**

3. **🞏 501-C-3 tax exempt FEIN #**

**DUNS #**

4. **Send correspondence about this application to:**

5. **Amount of VOCA Funding Request**

**Maintain Current Services $**

**Expand Services $**

**TOTAL $**

6. **People authorized to present application to Contracts Review Committee**

**Name Title**

**Name Title**

7. The following have read and approved the application for submission to ICASA. Signatories verify that that all services will comply with ICASA certification requirements, contracts and assurances (page 2).

**Date**

**ORIGINAL SIGNATURE** of Agency Executive Director or CEO

**Date**

**ORIGINAL SIGNATURE** of President, Board of Directors

**Date**

**ORIGINAL SIGNATURE** of Treasurer, Board of Directors

**ASSURANCES**

1. The center complies with all ICASA Policies and Procedures and commits to meet all ICASA certification requirements throughout the contract period.

2. Center complies with the Confidentiality of Statements Made to Rape Crisis Personnel statute (735 ILCS 5/8-802.1) in providing and documenting all services.

3. All staff and volunteers receive training and continuing education as required by ICASA Service Standards and center retains related documentation for each staff/volunteer.

4. Center maintains a group of volunteers who have received 40 hours of ICASA sexual assault training. Volunteers provide direct service to sexual assault victims.

5. Center has the following documents on file (please check boxes):

🞏 Personnel policies

🞏 Affirmative action policy

🞏 Sexual assault program policies and procedures

🞏 Fiscal policies and procedures

🞏 Mission statement or other document affirming organization’s purpose to serve adult sexual assault victims

🞏 Philosophy of service delivery indicating services are victim-centered

🞏 Current job descriptions for all sexual assault program staff

🞏 Current résumés for all sexual assault program staff

**EXECUTIVE SUMMARY**

1. **Will funds be used to increase salaries for current staff?** **❑ Yes ❑ No**

2. **Maintain current services – Describe how the FY18 funds you are requesting will support continuation of current services.**

3. **Expand services – Describe how the funds will support increased quantity and range of services, reaching particular populations of survivors and/or new geographic areas.**

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| **Funding Request:** | |
| **Maintain Current Services** | **$** |
| **Expansion** | **$** |
| **TOTAL** | **$** |

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| **Office(s) to be Funded:** | |  | **Staff to be Funded** | |
| **Current** |  |  | **Maintain Current FTEs** |  |
| **Expansion** |  |  | **New FTEs in FY18** |  |
| **TOTAL Office(s)** |  |  | **TOTAL FTEs** |  |

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| **Hours of Service** | **FY17 (3 quarters)**  **7/1/2016 - 3/31/17** | **FY18 (projected 12 mo.)**  **7/1/17 - 6/30/18** |
| Non-Client Crisis Intervention |  |  |
| Counseling (Family, Group, In-Person & Telephone) |  |  |
| Advocacy (criminal justice, medical) |  |  |
| Personal Advocacy/Case Management\* |  |  |

\* Referred to as Other Advocacy in InfoNet

**DESCRIPTION OF NEED**

**CURRENT GEOGRAPHIC SERVICE REGION/POPULATIONS**

**Describe the current geographic area and populations where services will be maintained. Describe the need for sexual violence services in this current service area. Use demographic information, data about sexual violence, InfoNet data, anecdotal information and other information to describe the service area and needs.**

**PROPOSED EXPANSION OF GEOGRAPHIC SERVICE REGION/POPULATIONS**

**Describe the expanded geographic area and populations to be served. Describe the need for the proposed expansion of sexual violence services. Use demographic information, data about sexual violence, anecdotal information and other information to describe the service area and needs.**

**HOW FUNDS WILL BE USED**

**INCREASE STAFF COMPENSATION**

**Will funds be used to increase staff compensation?** ❑ Yes ❑ No

**Describe changes in staff compensation, including changes to salary schedule and benefits. Describe how proposed changes will enhance recruitment and retention of current and new staff.**

**MAINTAIN CURRENT OFFICES AND SERVICES**

**Describe current services to be maintained (e.g. counseling, advocacy, other advocacy/case management, number of hospitals to be served, number of law enforcement jurisdictions, etc.) and offices to be supported with these funds. List all current offices in Appendix A.**

**SUPPORT EXPANSION OF SERVICES**

***Indicate whether these funds will support each activity by checking yes or no. If yes, briefly describe the services, geographic areas, populations, etc.***

1. **Expand amount of services available within current area/populations** **(e.g. increase hours of advocacy, counseling,)**

**Yes ❑ No ❑**

2. **Expand/initiate services to underserved populations (e.g. racial/ethnic minorities, victims of trafficking/prostitution, LGBTQ survivors, people with disabilities, victims who are limited English proficiency).**

**Yes ❑ No ❑**

3. **Develop/implement service enhancements/innovations (e.g. yoga, body work).**

**Yes ❑ No ❑**

4. **Add new office site(s) in current geographic service area. Describe how this will enhance access within area and to specific populations. List all offices in Appendix A.**

**Yes ❑ No ❑**

5. **Establish new office(s) to serve unserved geographic area(s) or populations. Indicate where office site(s) will be located, populations to be served and services that will be available in the new office(s). List all offices in Appendix A.**

**Yes ❑ No ❑**

6. **Describe any other expansion efforts that will be supported with these funds.**

**PUBLIC AWARENESS OUTREACH – *Indicate whether these funds will support this activity by checking yes or no. If yes, briefly describe the adjunct services. Public awareness presentations, including newspaper notices, PSAs and presentations in public forums (e.g. schools and community centers) to inform the public and crime victims about specific rights and services.* Yes ❑ No ❑**

**ACCESS TO SERVICES – *Indicate whether these funds will support each activity by checking yes or no. If yes, briefly describe about how each activity will be implemented. If no, explain how the barriers are managed.***

1. **Assistance with child care and respite care to enable a victim to participate in center services and attend activities related to criminal justice and other public proceedings arising from the crime.**

**Yes ❑ No ❑**

2. **Transportation to permit the survivor to participate in center services and other appointments related to recovery from sexual violence.**

**Yes ❑ No ❑**

3. **Language/Interpretation to permit survivor to participate in services in a language/communication style suited to their needs.**

**Yes ❑ No ❑**

**WHO WILL PROVIDE SERVICES**

**STAFF – *Summarize VOCA-funded staff positions (titles) and FTEs for each. Briefly describe general duties for each.***

***Example: 4 counselors 2.5 FTE counseling with adult and children***

* **Current Staff Positions**
* **New Staff Positions**

**VOLUNTEERS**

1. **VOCA funds require that volunteers participate in direct service delivery. Describe how volunteers will participate in providing direct services to victims of sexual violence and their significant others.**

2. **How many trained direct service volunteers are currently included on the 24-hour coverage schedule?**

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| **SERVICE PROVIDED BY VOLUNTEERS** | **NUMBER OF VOLUNTEERS** |
| **Crisis Response (24-hour hotline, medical/law enforcement response)** |  |
| **Other direct victim services (specify)** |  |
| **TOTAL Direct Service Volunteers** |  |

**SERVICE PROJECTIONS**

1. **Complete the attached Excel chart to reflect direct services provided in the first three quarters of FY17 (July 1, 2016-March 31, 2017) and direct service projections for FY18 to be supported with these VOCA funds.**

2. **If you want the Contracts Review Committee to be aware of any specific information related to FY17 performance and/or FY18 projections, please include it here. (Optional)**

**BUDGET**

**Complete the FY18 budget (Excel document) provided with application materials. List funding amounts requested for each applicable category and line item. Provide budget narrative information for each applicable line item. Consult ICASA policy (Chapter 6, page 4-13) for allowable and unallowable expenses.**

**RAPE CRISIS CENTER OFFICES**

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| **Current Office(s) to be Funded (Name of Office)** | **Neighborhood, Community, County** |
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| **New Office(s) to be Funded (Name of Office)** | **Neighborhood, Community, County** |
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**VOCA-FUNDED STAFF**

**Staff – Identify every staff position that will be supported with these funds.**

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| **CURRENT STAFF** | | | **NEW/EXPANDED STAFF** | | |
| **Title** | **Name** | **Funded**  **FTE** | **Title** | **Name** | **Funded**  **FTE** |
| *Counselor* | *Phyllis Smith* | *.50* |  |  |  |
| *Advocate* | *Norma Jones* | *1.00* |  |  |  |
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| **CURRENT STAFF** | | | **NEW/EXPANDED STAFF** | | |
| **Title** | **Name** | **Funded**  **FTE** | **Title** | **Name** | **Funded**  **FTE** |
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