

APPLICATION FOR CONTINUATION FUNDING FOR VAWA/STOP RELATED SERVICES FY 2014-2015

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A. Background

The Florida Coalition Against Domestic Violence (FCADV), contracts with the Florida Department of Children and Families to administer and manage the funding to prosecution offices, court systems and other agencies providing services relating to domestic violence, sexual assault, dating violence and stalking issues. In accordance with these responsibilities, each Provider is required to submit an application providing details about the services to be provided and the budget required to fund these services. Based on these applications, FCADV enters into subcontracts with the Providers for the delivery of services. The requirements for the application process for 2014-2015 are outlined in this document.

B. Who May Apply

FCADV invites applications for continuation funding from providers that received VAWA/STOP funds during the July 1, 2013 – June 30, 2014 cycle.

C. How to Apply

All instructions, forms, and guidance material needed to submit an application will be provided via email. Provider should download the forms needed and save them as new files for the purposes of completing the application.

Please provide FCADV with one electronic copy of the application, including all appropriate documentation outlined in these instructions.

The electronic version of the application must be submitted using a combination of Word, Excel, and PDF files. Applications should be uploaded to your agency's box.com account. Please contact your FCADV contract manager at contract manager@fcadv.org for username and passwords if necessary.

Applications must be received by FCADV by 11:59 PM (E.S.T.) on May 12, 2014.

D. Application Review Process

FCADV will review all applications and the applying Provider will be contacted should FCADV have any questions or need additional information.

E. Technical Assistance

Applying Providers may contact the FCADV Contract Managers at (850) 425-2749 regarding the instructions, forms, or completion of their application. Providers may also email questions to contract_manager@fcadv.org.

II. WHAT AN APPLICATION MUST INCLUDE

The application must include the information listed below in sections A-I. The information should be submitted in the order outlined below. Each section shall be clearly labeled and correspond with headings A-I. Each Provider will be required to submit a new budget for FY 2014 – 2015.

A. Provider Contact Information

The Provider shall provide addresses, telephone numbers, fax numbers, and email addresses for all staff that help facilitate the Provider's operations. This information shall be supplied using the *Provider Contact Information Form.*

B. Acknowledgement and Certification

This document shall be reviewed and signed by the Provider's Executive Director, Chief Executive Officer, or authorized official of the corporation.

It is important to note that by signing the Acknowledgment and Certification, the Provider is agreeing to:

- Terms and Conditions as outlined
- No supplantation of funding
- Certification that all information in the application is complete and correct

C. List of Anticipated Subcontractors

The Provider must provide a list of any subcontractors that are anticipated for the contract period. For each anticipated subcontractor, the Provider must address the type of services to be provided by subcontract, and whether the service was provided under a subcontract for the FY 2013-2014 contract period. The name of the subcontractor, if known, must be provided. In the event the name of the subcontractor is not known at the time the application is submitted, the Provider must provide a brief description of the process that will be used to identify and select the subcontractor.

D. Services Activity Narrative

A narrative is required to explain delivery of service(s) that your agency will be providing.

The narrative shall provide an overview of the services to be provided under this contract. The Provider shall use the following page format requirement for the development of the services activity narrative:

- 1. Double spaced
- 2. 8½ x 11 inch paper
- 3. One inch margins
- 4. Type no smaller than 11 point, Times New Roman or Arial font
- 5. No more than two (2) pages

The Provider shall also provide information for any additional services to be provided.

E. Budget Information

Providers should complete the budget based on FY 2013/2014 award of funds. Please read the Budget Detail Instructions prior to completing the budget.

Please be aware that budget figures are tentative and will not be finalized until after the legislative session when the final Appropriations Bill has been passed.

Funding Categories - STOP Violence Against Women Act (VAWA/STOP)

Funds are allocated from the U.S. Department of Justice for victim service providers, prosecutors, law enforcement, and the courts to implement coordinated multidisciplinary approaches to address domestic violence, sexual assault, stalking and dating violence.

Match Requirements

Please note that the STOP waiver for match will end October 31, 2014. Therefore, matching funds are <u>not</u> required for the STOP funds awarded for the first 4 months of the contract period. However, the remaining 8 months of the contract period will require matching funds to be provided as a requirement of receiving STOP funding. Matching funds may be provided in cash OR in-kind contributions such as the use of office space, supervision, additional department or officer time, or a combination of both cash and in-kind contributions. All in-kind contributions must be directly related to the STOP project.

Match is calculated assuming that the federal award comprises only 75% of the project and the local match comprises 25% of the total project. For example: if a total project is \$133,333.33: 75% = \$100,000 federal award and 25% = \$33,333.33 match.

Examples of matching options are listed below:

- 1. Office space and utilities for the project at a value of \$500.00 per month x 12 months = \$6,000
- 2. Supervision and project consultation at 4 hours/week x 52 weeks = 208 hours x \$50.00/hour = \$10.400.00
- 3. Additional officer time related to project at 12 hours/week x 52weeks = 624 hours x \$25.00/hour = \$15,600.00
- 4. Office supplies at \$111.25 per month x 12 months = \$1,335.00

Total match = \$33,335.00

F. Inter-Agency Agreements

Submit a copy of any Inter-Agency Agreements entered into between the Provider and other organizations.

G. Insurance

Submit a copy of the current liability and Directors and Officers insurance certificates for the Provider.

H. Civil Rights Compliance

The Provider shall complete and submit the Civil Rights Compliance Questionnaire and Checklist as part of the application process.

I. Policies & Procedures

Submit a full and complete copy of the applying Provider's policies and procedures. Fiscal, program, and administrative/human resource handbooks will need to be submitted as part of the application.