

# REQUEST FOR PROPOSAL (RFP)

RFP No.: CVS-12-049  
Issue Date: February 16, 2012  
Title: **Domestic Violence Prevention and Services Programs**  
Commodity Code: 95221, 95278  
Location: Statewide  
Initial Contract Period: July 1, 2012 – June 30, 2013  
Proposal Due Date and Time: March 29, 2012 (5:00 P.M.)  
Issuing Agency: Commonwealth of Virginia  
Department of Social Services  
Division of Community and Volunteer Services  
801 East Main Street, 15<sup>th</sup> Floor  
Richmond, VA 23219-3301

Sealed Proposals for furnishing the services described herein will be received subject to the conditions cited herein until the Proposal Due Date and Time shown above. **Proposals received after that time will be returned without consideration.** Send or hand-deliver all proposals directly to the issuing agency shown above. **Do not fax or e-mail.**

All Inquiries For Information Should Be Directed To: Nancy Fowler Phone: (804) 726-7502

In Compliance With This Request For Proposal And To All The Conditions Imposed Therein And Hereby Incorporated By Reference, The Undersigned Offers And Agrees To Furnish The Goods/Services In Accordance With The Attached Signed Proposal Or As Mutually Agreed Upon By Subsequent Negotiation.

|                      |                     |
|----------------------|---------------------|
| _____                | Date: _____         |
| Name of Organization |                     |
| _____                | By: _____           |
| Address              | (Signature In Ink)  |
| _____                | Name: _____         |
|                      | (Please Print)      |
| _____                | Title: _____        |
| City State Zip Code  |                     |
| E-mail: _____        | Phone: (____) _____ |
|                      | Fax: (____) _____   |

An optional pre-proposal conference will be held on March 5, 2012, at 1604 Santa Rosa Rd, Henrico, VA 23229, from 1:00 P.M. to 3:00 P.M. (see Appendix V for directions).

**Note: This public body does not discriminate against faith-based organizations in accordance with the Code of Virginia, § 2.2-4343.1 or against an applicant because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.**

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## I. PURPOSE

The intent and purpose of this Request for Proposals (RFP) being issued by the Virginia Department of Social Services (VDSS), is to solicit sealed proposals to establish contracts through competitive negotiation for the purchase of services through public and private non-profit, incorporated agencies and organizations in Virginia whose service programs have as their main purpose the provision of direct crisis services to victims of domestic violence. Crisis services include, but are not limited to, hotline services, crisis intervention, safety planning and access to shelter available 24 hours per day to victims of domestic violence who are in imminent danger.

Applicants may submit only one proposal per agency in response to this RFP. Eligible applicants are incorporated nonprofit organizations and local governments in Virginia providing comprehensive domestic violence services. For all non-profit organizations, proof of IRS 501(c)3 designation is required at the time of application. Preference will be given to Accredited Domestic Violence Programs. Currently funded programs that are not accredited will not be funded at the current level. Un-accredited service providers will be considered. Planned steps to gain accreditation should be included in the proposal.

Through this single solicitation, funding from multiple streams will be distributed. Each recipient of a sub grant award (Sub Grantee) will receive funding for the period from July 1, 2012 through June 30, 2013 (State Fiscal Year 2013) from each of the following sources:

- VFVPP: The Virginia Family Violence Prevention Program (CFDA 93.667) is a funding source appropriated by the Virginia General assembly for the provision of domestic violence services.
- FVPSA: The Family Violence Prevention and Services Act (CFDA 93.671) is a federal funding source. Funds are awarded to Virginia for the provision of shelter and services for victims of domestic violence.
- VOCA: The Victims of Crime Act (CFDA 16.575) is a federal funding source. Funds are awarded to Virginia for the provision of direct services for victims of domestic violence.
- State Funds: The Governor's proposed budget has replaced federal TANF funds with a combination of general funds and non-general funds to support the provision of domestic violence services. (The FY 2013 state budget has not been approved as of this date.)

For the period of July 1, 2011 through June 30, 2012, a total of \$6,509,391.00 was awarded to 47 organizations and local governments. VDSS has not received final notification of funding levels at this time; however, it anticipates that the available funding will be reduced slightly. Current awards to local programs range from \$30,000.00 to \$260,626.00. Currently funded programs may request level funding (budget increases will not be awarded).

VDSS will determine the proposals that are the most advantageous and represent the best value to the Commonwealth and will award sub-grants to those Applicants.

Best Value Acquisition (BVA): A process used to acquire goods and non professional services in which best value concepts will be applied. The best value award is based on evaluation criteria as stated in the solicitation with consideration to nonprofessional services that offer the greatest benefit(s) in meeting the needs of the public body. Refer to RFP Section V for more information.

## **II. BACKGROUND**

In 1982 the Virginia Department of Social Services (VDSS) began working with the statewide domestic violence coalition and local domestic violence programs to promote effective and supportive services to victims of domestic violence in communities across the Commonwealth.

Since that time, the number of domestic violence programs in Virginia increased and the types of services offered expanded. Local domestic and sexual violence programs along with the state coalition developed a peer reviewed accreditation process requiring a high level of service provision, thorough training for staff and volunteers, and an array of administrative requirements. VDSS benefits from the knowledge that accredited programs meet these stringent requirements and encourages all domestic violence programs to meet and maintain this status.

Funds provided through this solicitation are intended to support local efforts to provide community tailored domestic violence services to victims and their children. However, these funds are not sufficient to fully provide even the basic services in every area. Strong local domestic violence programs must obtain funding from a broad base of federal, state and local sources to fully address local needs.

New to the Domestic Violence Prevention and Services grant this year is a connection to the VDSS Strengthening Families Initiative (SFI). SFI looks beyond clients as individuals and focuses on strengthening the family unit as a whole. The VDSS approach to SFI promotes three goals: reducing non-marital births, connecting and reconnecting fathers with their children, and encouraging the formation and maintenance of safe, stable, intact, two-parent families. While the value of stable, intact two-parent families is unquestioned, domestic violence programs focus on safety and recognize the abusive behavior of some individuals and the fundamental right of men, women and children to be safe and free from violence.

The goal of domestic violence programs is to reduce interpersonal violence and to encourage healthy, non-abusive relationships. Safety is critical to family strengthening. If a family is not safe, it will not be healthy and it will not be strong.

In support of the VDSS Strengthening Families Initiative (SFI), all applicants must identify the services offered that promote strong families. The Center for the Study of Social Policy describes a set of protective factors that lay the foundation of their Strengthening Family Approach as including Five Protective Factors: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child

development, and social and emotional competence of children. Research studies support the common sense notion that when these protective factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also “promotive” factors that build family strengths and a family environment that promotes optimal child and youth development. The protective factors outcomes are further identified in Section III, F, and in Appendix III.

### **III. STATEMENT OF NEEDS**

Applicants are required to propose services that address the full spectrum of services benefiting victims of domestic violence and their children including, but not limited to victim assistance and domestic violence prevention.

A. Priority will be given to programs that:

1. Are currently funded through VDSS Domestic Violence Prevention and Services Grant for the continuation of successful services;
2. Are Accredited by the Virginia Sexual and Domestic Violence Action Alliance (although Accreditation is not a requirement, currently funded programs that are un-accredited will not be considered for the funding levels paid in previous years); and
3. Include a minimum of three of the Strengthening Families Outcomes in the workplan (see Section III, F).

B. Funding Requirements:

The federal and state funds available for distribution have numerous obligations. Please note that all Sub Grantees must:

1. Comply with all federal and state laws;
2. Collect statistical information on services provided and enter it into the Virginia Data Collection Project (VAdata) on a daily basis;
3. Budget only for costs and expenses necessary for the performance of the grant;
4. Charge no fees for victim services;
5. Provide services to victims regardless of income;
6. Display Civil Rights information;
7. Maintain time and attendance records for all funded staff;
8. Utilize volunteers;
9. Prohibit discrimination per Federal regulations;
10. Protect the confidentiality of client information;
11. Provide match, cash or in-kind: 20% for established programs, 35% for new programs (new to this funding stream); and
12. Register with the Central Contractor Registration (CCR) and have a DUNS number. [http://www.grants.gov/applicants/org\\_step2.jsp](http://www.grants.gov/applicants/org_step2.jsp)

Additional requirements are listed in Section VIII, General Terms and Conditions, Section IX, Special Terms and Conditions, and all Assurances listed in Attachment E.

C. Unallowable services with these grant funds:

1. Services to perpetrators;
2. Juvenile justice activities;
3. Fundraising;
4. Program administration;
5. Inpatient treatment services;
6. Contract services without prior permission;
7. Lobbying/administrative advocacy; and
8. Research

Additional restrictions are listed in the Virginia Department of Social Services FY 2013 Program Guide for Allowability of Costs – Appendix II.

D. Federal Outcome Measures:

The Family Violence Prevention and Service Act (FVPSA), a program of the US Department of Health and Human Services, requires each state to collect data from the local domestic violence programs regarding the outcomes of services. This project, “Documenting Our Work” (DOW), developed by the National Resource Center, uses data to evaluate domestic violence services and how services provided are helpful to the victims. Sub Grantees are required to participate in DOW by distributing official client feedback forms to their clients in order to report on the following outcomes, which will be calculated and reported via VAdata:

1. As a result of contact with the domestic violence program, at least 75% of domestic violence survivors will have strategies for enhancing their safety.
2. As a result of contact with the domestic violence program, at least 75% of domestic violence survivors will have knowledge of available community resources.

E. Statewide Outcome Measures:

Through VAdata, VDSS will collect 4 outcome measures. This information shall be reported by the Sub Grantees on a semi-annual basis to VDSS along with other program specific information. The intent of the outcomes is to measure the impact of statewide funding. VDSS recognizes that due to varying demands of each individual Sub Grantee, discrepancies may occur between the statewide goal and the locally measured percentages.

1. Hotline Services: At least 75% of individuals making victim related (victim, family & friend) calls to the hotline are more informed about the dynamics of domestic violence and services available through domestic violence programs;
2. Shelter: At least 75% of survivors requesting shelter are protected from violence and abuse from the perpetrator by the arrangement for or provision of shelter;
3. Advocacy Services: At least 75% of DV survivors are able to identify their safety options through participation in the development of a safety plan; and

4. Community Resources: At least 75% of DV survivors who call the hotline are given referrals to community resources to increase their capacity to acquire resources needed to live a violence-free life.

F. Family Strengthening Outcomes:

Applicants are required to include at least the first 3 Family Strengthening Outcomes and relate them to a component of their agency's regular domestic violence services. Outcomes 1-4 can be derived from the DOW reports.

1. At least 75% of victims received some or all the help they wanted to improve Parental Resilience
2. At least 75% of victims received some or all the help they wanted to improve Social Connections
3. At least 75% of victims received some or all the help they wanted to improve Concrete Support in Times of Need
4. At least 75% of victims received some or all the help they wanted to improve Knowledge of Parenting and Child Development
5. At least 75% of victims received some or all the help they wanted to improve Social and Emotional Competence of Children

For more information on Family Strengthening Protective Factors, go to: [Strengthening-Families-Protective-Factors.pdf](#). Also see Appendix IV.

G. Local Outcome Measures:

Applicants are encouraged to develop outcomes that are specific to their services and are reflective of the activities planned for the contract period. Every outcome must have a method of evaluation. If the federal and/or statewide outcomes clearly demonstrate the success of services described in the Workplan, then they may be used in lieu of, or in addition to, local outcome measures.

## VI. PROPOSAL PREPARATION AND SUBMISSION INSTRUCTIONS

### A. GENERAL INSTRUCTIONS

In order to be considered for selection, Applicants must submit a complete response to this RFP including one (1) original and five (5) copies. The original shall be so marked. In addition, Applicants must submit one (1) complete proposal on an unprotected CD. The CD must be labeled with the RFP number and the name of the Applicant.

1. No other distribution of the proposal shall be made by the Applicant. The signed proposal should be returned in a separate envelope or package, sealed and identified as follows:

|                       |  |                |
|-----------------------|--|----------------|
| From: _____           | <u>March 29, 2012</u>                  | <u>5:00 pm</u> |
| Name of Applicant     | Due Date                               | Time           |
| _____                 | <u>CVS-12-049</u>                      |                |
| Street or Box Number  | RFP No.                                |                |
| _____                 | <u>Dom. Violence Prev. &amp; Serv.</u> |                |
| City, State, Zip Code | RFP Title                              |                |

The envelope or package should be hand delivered or mailed to:

Division of Community and Volunteer Services  
Attn: Nancy Fowler  
Virginia Department of Social Services  
801 East Main Street, 15<sup>th</sup> Floor  
Richmond, VA 23219-3301

2. The Applicant takes the risk that the envelope, even if marked as described above, may be inadvertently opened and the information compromised which may cause the proposal to be disqualified. No other correspondence or other proposals should be placed in the envelope or package.
3. Proposal Preparation:
  - a. Proposals shall be signed by an authorized representative of the applicant. All information requested should be submitted. Failure to submit all information requested may result in VDSS requiring prompt submission of missing information and/or giving a lowered evaluation of the proposal. Proposals which are substantially incomplete or lack key information may be rejected by VDSS. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.
  - b. Proposals should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content. Proposals should be written in a manner that does not presume a high knowledge of domestic violence on the part of the reviewers.
  - c. Proposals should be organized in the order in which the requirements are presented in the RFP. All pages of the proposal should be numbered. The proposal should contain a table of contents which cross-references the RFP requirements. Unless requested, no other attachments should be submitted.
  - d. As used in this RFP, the terms "must", "shall", "should" and "may" identify the criticality of requirements. "Must" and "shall" identify requirements whose absence will have a major negative impact on the suitability of the proposed solution. Items labeled as "should" or "may" are highly desirable, although their absence will not have a large impact and would be useful, but are not

- necessary. The inability of an Applicant to satisfy a "must" or "shall" requirement does not automatically remove that Applicant from consideration; however, it may seriously affect the overall rating of the Applicant's proposal.
- e. Proposals must be typed, double spaced on 8.5" x 11" paper using font size no smaller than 12 point. Each copy of the proposal should be bound or contained in a single volume where practical. All documentation submitted with the proposal should be contained in that single volume. The use of paperclips, staples or rubber bands does not meet this requirement.
  - f. Ownership of all data, materials, and documentation originated and prepared for the State pursuant to the RFP shall belong exclusively to the State and be subject to public inspection in accordance with the *Virginia Freedom of Information Act*. Trade secrets or proprietary information submitted by an applicant shall not be subject to public disclosure under the *Virginia Freedom of Information Act*, however, the applicant must invoke the protections of § 2.2-4342F of the *Code of Virginia*, in writing, either before or at the time the data or other material is submitted. The written notice must specifically identify the data or materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. The classification of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable and will result in rejection of the proposal.
  - g. Oral Presentation: Applicants who submit a proposal in response to this RFP may be required to give an oral presentation of their proposal to VDSS. This provides an opportunity for the offer or to clarify or elaborate on the proposal. This is a fact finding and explanation session only and does not include negotiation. VDSS will schedule the time and location of these presentations. Oral presentations are an option of VDSS and may or may not be conducted.

#### **B. SPECIFIC PROPOSAL INSTRUCTIONS:**

Proposals should be as thorough and detailed as possible so that the evaluation panel may properly evaluate the capabilities to provide the required goods/services. Applicants are required to submit the following items as a complete proposal, in the order listed:

1. The RFP cover sheet and all addenda acknowledgments, if any, signed and completed.
2. RFP Checklist / Table of Contents (Attachment G)
3. Domestic Violence Program Information Form (Attachment A)

4. Additional Agency Information forms (Attachments B1 – B5)
5. VAdata report: Established programs only - Run and attach the report titled VDSS Domestic Violence Program. Submit the report for the period January 1, 2011 to December 31, 2011.
6. Project Narrative – The Narrative shall follow the following format:

**Introduction:** (1 page)

Outline your organization or agency by describing the following:

- Philosophy
- Mission
- The agency's documented history in working with families experiencing domestic violence

If your agency is an umbrella agency:

- Describe how domestic violence is incorporated into the philosophy and mission of your agency

**Problem Statement:** (3 pages)

Respond to the following:

- Describe the situation to be addressed
- Relate this to the purpose and goals of your agency
- State the needs of victims and children that will be addressed (not the applicant organization's or agency's needs)
- Support your needs with local statistical evidence
- Describe the current relationship with stakeholders in your service area regarding domestic violence
- Identify the gaps in services

**Program Objectives:** (4 pages)

Describe the objectives of the program in measurable terms. Address the following:

- Identify at least one objective for each problem or need committed to in the problem statement (objectives are outcomes)
- The Work Plans will detail the activities and services to be performed that will result in a measurable outcome. Use only the Work Plan to elaborate on what your program will do to meet the objectives, rather than including this information in the narrative (Work Plan attachments do not count in the page limitations)
- Identify any best or promising practices used in the program
- Describe how you get clients referred into your program and engaged in appropriate services.

**Evaluation: (2 pages)**

Present a plan for determining the degree to which the program objectives (described above) are met:

- Present a plan for evaluating accomplishment of program objectives
- Present a plan for evaluating and modifying methods over the course of the program
- State the criteria for success
- Describe the agency's capacity to do routine data collection/data entry in VAdata
- Describe how data will be analyzed

**Non Accredited Programs only: (1 page)**

- Did agency apply for accreditation?
- Has the agency ever been accredited in the past and if so, when?
- What steps are currently being taken to achieve accreditation status?

7. Work Plans (Attachment C.1). Complete the Activities/Outcomes Work Plan forms to describe the project details. Activities should be included to clearly outline all of the grant funded work being conducted by the agency staff and volunteers. Copy Attachment C.1 as needed. Instructions for completing the work plans are listed with the attachment.
8. Budget (Attachment D.1). Complete pages 1 – 6 of the Itemized Budget Sheet with a description of all proposed expenditures. Detailed instructions for the Budget are listed with the attachment. All expenses included in the proposal must be allowable under federal and state regulations, must be reasonable and necessary and apply directly to the project.
9. Budget Narrative. This document will justify the proposed expenditure by explaining the need for it. Instructions for the Budget Narrative are with the Budget Instructions (Attachment D).
10. Additional Attachments
  - a. A letter from your agency head, finance director, or treasurer indicating that the agency understands that this is a reimbursable grant and that the agency has sufficient funds available to cover three months of expenses prior to reimbursement.
  - b. Cooperative Agreements demonstrating collaboration with other agencies in your community that reflect the services specifically provided through your workplan
  - c. Organizational chart that clearly shows all positions listed in the budget and work plan
  - d. Job Descriptions and qualifications for each position listed in the budget
  - e. Confidentiality policy
  - f. Consent for the Release of Confidential Information form (blank)

- g. Signed Authorization / Certifications / Assurances (Attachment E)
- h. Semi Annual progress reports from the period ending June 30, 2011 and December 31, 2011 – omit VAdata report (established programs only)
- i. Copy of most recent audit
- j. W-9 Form (Attachment F)
- k. Certificate of Incorporation from the State Corporation Commission (non-profit applicants only)
- l. 501 (C)3 Certification from the IRS (non-profit applicants only)
- m. List of Current members of the Board of Directors (non-profit applicants only)
- n. One complete copy of the RFP must be returned with the original proposal (omit the attachments and appendixes).

**V. EVALUATION AND AWARD CRITERIA**

A. EVALUATION CRITERIA: Proposals will be evaluated by a multidisciplinary panel of individuals who have expertise in areas such as domestic violence, family violence, contracts management, program development, non-profit management and other related fields of experience. The evaluation panel will make programmatic and budgetary recommendations for contract awards. To be considered for funding, proposals must first meet the stated objectives, general and specific requirements outlined in this RFP.

Proposals will be evaluated using the Best Value Acquisition (BVA) procedure. Using the BVA methodology the evaluation will be adjectival and rated according to the following descriptions:

| <b>Rating</b> | <b>Description</b>   |
|---------------|--|
| Exceptional   | Exceeds requirements and demonstrates an exceptional understanding of goals and objectives. One or more major strengths exist. No significant weaknesses exist.                                  |
| Acceptable    | Demonstrates an acceptable understanding of goals and objectives of the procurement. There may be strengths and weaknesses, however strengths outweigh the weaknesses.                           |
| Marginal      | Demonstrates a fair understanding of the goals and objectives of the procurement. Weaknesses have been found that out balance any strength that exists. Weaknesses will be difficult to correct. |
| Unacceptable  | Fails to meet an understanding of the goals and objectives of the procurement. The proposal has one or more significant weakness that will be very difficult to correct or are not correctable.  |

The following criteria will be used in the evaluation and are of equal importance:

1. **Description of Proposed Project**
  - a. Proposed services are directly provided to domestic violence survivors
  - b. Staffing and services are clear

- c. Proposal gives a clear definition of the population to be served and the need for services
- d. Proposal includes the identification and outreach to underserved populations
- e. Work Plans identify measurable outcomes and sufficient activities and outputs
- f. Work Plans are complete, and reflect the same work as the narrative

**2. Description of Applicant Agency**

- a. Applicant agency mission addresses provision of services to survivors of domestic violence
- b. Demonstrates community collaboration through description of services and cooperative agreements specific to the workplan
- c. Past 2 semi-annual reports show progress toward FY 2012 outcome measures (for established programs)
- d. Applicant is an Accredited Domestic Violence Program
- e. Audit and current fiscal year budget show soundness and a capacity for ongoing operations

**3. Budget**

- a. All costs are reasonable, allowable, and support the proposed activities, outputs and outcomes
- b. Budget forms are accurate and complete. Sources of in-kind match are correctly calculated and meet funding requirements.
- c. Applicant organization or agency, through administrative structure and past performance, demonstrates the ability to maintain required records and fiscal accountability
- d. Budget Narrative fully explains the proposed costs
- e. Salary amount requested for personnel does not exceed the percentage (%) of time spent on project for that position

**4. Other**

- a. Concise, complete and realistic
- b. Number of Strengthening Families outcomes included in project
- c. Reflects “best or promising practices”
- d. Reflects congruence among all application components
- e. Demonstrates planning in all aspects
- f. Table of contents is included and page numbers are accurate
- g. Project evaluation plan is measurable and thorough
- h. Plans for future accreditation are clearly stated and attainable (currently un-accredited programs only)

- B. BEST VALUE AWARD(S):** Selection shall be made of multiple applicants deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in the Request for Proposals, including price, if so stated in the Request for Proposals. Negotiations shall be conducted with the applicants so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each applicant so selected, VDSS shall select the applicants which, in its opinion, have made the best

proposals, and shall award contracts to those applicants. The Commonwealth may cancel this Request for Proposals or reject proposals at any time prior to an award, and is not required to furnish a statement of the reasons why a particular proposal was not deemed to be the most advantageous (*Code of Virginia*, § 2.2-4359D). The award document will be a contract incorporating by reference all the requirements, terms and conditions of the solicitation and the applicant's proposal as negotiated.

## VI. REPORTING AND DELIVERY REQUIREMENTS

### PROGRESS REPORTS:

Semi-Annual Progress Reports: The Sub Grantee shall submit reports on the semi-annual progress of the workplan. Reports will contain detailed descriptions of Program Activities, Outputs, Outcome Measures, a VAdata statistical report, Case Studies and other updates. The form is included herein (Attachment H). The second semi-annual report will include both 6-month and year-end data.

## VII. PREPROPOSAL CONFERENCE

OPTIONAL PREPROPOSAL CONFERENCE: An optional pre-proposal conference will be held on March 5, 2012. The purpose of this conference is to allow potential applicants an opportunity to present questions and obtain clarification relative to any facet of this solicitation. Questions need not be in writing. After the pre-proposal conference, however, all additional questions must be submitted in writing to Nancy Fowler at [nancy.fowler@dss.virginia.gov](mailto:nancy.fowler@dss.virginia.gov) or at 801 E. Main Street, Richmond, VA 23219, for receipt no later than 5:00 p.m., March 23, 2012.

While attendance at this conference will not be a prerequisite to submitting a proposal, applicants who intend to submit a proposal are encouraged to attend. **Bring a copy of the RFP with you.** Any changes resulting from this conference will be issued in a written addendum to the Request for Proposals and posted on the eVA website at [www.eva.virginia.gov](http://www.eva.virginia.gov) and on the Virginia Department of Social Services website at [www.dss.virginia.gov](http://www.dss.virginia.gov) (click on *Find* and then click on *Grant Opportunities*. Select the *Domestic Violence Services and Prevention RFP* Number CVS-12-049).

See Appendix V for directions to the conference and for the registration form.

## VIII. GENERAL TERMS AND CONDITIONS

- A. VENDORS MANUAL: This solicitation is subject to the provisions of the Commonwealth of Virginia *Vendors Manual* and any changes or revisions thereto, which are hereby incorporated into this contract in their entirety. The

procedure for filing contractual claims is in section 7.19 of the *Vendors Manual*. A copy of the manual is normally available for review at the purchasing office and is accessible on the Internet at [www.eva.virginia.gov](http://www.eva.virginia.gov) (click on Vendor tab, then Vendors Manual).

- B. **APPLICABLE LAWS AND COURTS:** This solicitation and any resulting contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The agency and the sub grantee are encouraged to resolve any issues in controversy arising from the award of the contract or any contractual dispute using Alternative Dispute Resolution (ADR) procedures (*Code of Virginia*, § 2.2-4366). ADR procedures are described in Chapter 9 of the *Vendors Manual*. The sub grantee shall comply with all applicable federal, state and local laws, rules and regulations.
- C. **ANTI-DISCRIMINATION:** By submitting their proposals, applicants certify to the Commonwealth that they will conform to the provisions of the *Federal Civil Rights Act of 1964*, as amended, as well as the *Virginia Fair Employment Contracting Act of 1975*, as amended, where applicable, the *Virginians With Disabilities Act*, the *Americans With Disabilities Act* and § 2.2-4311 of the *Virginia Public Procurement Act (VPPA)*. If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*Code of Virginia*, § 2.2-4343.1E).

In every contract over \$10,000 the provisions in 1. and 2. below apply:

1. During the performance of this contract, the sub grantee agrees as follows:
  - a. The sub grantee will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor. The sub grantee agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
  - b. The sub grantee, in all solicitations or advertisements for employees placed by or on behalf of the sub grantee, will state that such sub grantee is an equal opportunity employer.

- c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting these requirements.
2. The sub grantee will include the provisions of 1. above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.
- D. ETHICS IN PUBLIC CONTRACTING: By submitting their proposals, applicants certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other offer or, supplier, manufacturer or subcontractor in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.
- E. IMMIGRATION REFORM AND CONTROL ACT OF 1986: By submitting their proposals, applicants certify that they do not and will not during the performance of this contract employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986.
- F. DEBARMENT STATUS: By submitting their proposals, applicants certify that they are not currently debarred by the Commonwealth of Virginia from submitting bids or proposals on contracts for the type of goods and/or services covered by this solicitation, nor are they an agent of any person or entity that is currently so debarred.
- G. ANTITRUST: By entering into a contract, the sub grantee conveys, sells, assigns, and transfers to the Commonwealth of Virginia all rights, title and interest in and to all causes of action it may now have or hereafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular goods or services purchased or acquired by the Commonwealth of Virginia under said contract.
- H. MANDATORY USE OF STATE FORM AND TERMS AND CONDITIONS FOR RFPs: Failure to submit a proposal on the official state form provided for that purpose may be a cause for rejection of the proposal. Modification of or additions to the General Terms and Conditions of the solicitation may be cause for rejection of the proposal; however, the Commonwealth reserves the right to decide, on a case by case basis, in its sole discretion, whether to reject such a proposal.
- I. CLARIFICATION OF TERMS: If any prospective applicant has questions about the specifications or other solicitation documents, the prospective applicant

should contact the person whose name appears on the face of the solicitation no later than five working days before the due date. Any revisions to the solicitation will be made only by addendum issued by a VDSS purchasing officer.

J. PAYMENT:

1. To Prime Sub Grantee:

- a. Invoices for items ordered, delivered and accepted shall be submitted by the sub grantee directly to the payment address shown on the contract. All invoices shall show the state contract number and the federal employer identification number (for proprietorships, partnerships, and corporations).
- b. Any payment terms requiring payment in less than 30 days will be regarded as requiring payment 30 days after invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment in less than 30 days, however.
- c. All goods or services provided under this contract or purchase order, that are to be paid for with public funds, shall be billed by the sub grantee at the contract price, regardless of which public agency is being billed.
- d. The following shall be deemed to be the date of payment: the date of postmark in all cases where payment is made by mail, or the date of offset when offset proceedings have been instituted as authorized under the *Virginia Debt Collection Act*.
- e. **Unreasonable Charges.** Under certain emergency procurements and for most time and material purchases, final job costs cannot be accurately determined at the time orders are placed. In such cases, sub grantees should be put on notice that final payment in full is contingent on a determination of reasonableness with respect to all invoiced charges. Charges which appear to be unreasonable will be researched and challenged, and that portion of the invoice held in abeyance until a settlement can be reached. Upon determining that invoiced charges are not reasonable, the Commonwealth shall promptly notify the sub grantee, in writing, as to those charges which it considers unreasonable and the basis for the determination. A sub grantee may not institute legal action unless a settlement cannot be reached within thirty (30) days of notification. The provisions of this section do not relieve an agency of its prompt payment obligations with respect to those charges which are not in dispute (*Code of Virginia, § 2.2-4363*).

2. To Subcontractors:

- a. A sub grantee awarded a contract under this solicitation is hereby obligated:
  - (1) To pay the subcontractor(s) within seven (7) days of the sub grantee's receipt of payment from the Commonwealth for the

proportionate share of the payment received for work performed by the subcontractor(s) under the contract; or

(2) To notify the agency and the subcontractor(s), in writing, of the subgrantee's intention to withhold payment and the reason.

b. The subgrantee is obligated to pay the subcontractor(s) interest at the rate of one percent per month (unless otherwise provided under the terms of the contract) on all amounts owed by the subgrantee that remain unpaid seven (7) days following receipt of payment from the Commonwealth, except for amounts withheld as stated in (2) above. The date of mailing of any payment by U. S. Mail is deemed to be payment to the addressee. These provisions apply to each sub-tier contractor performing under the primary contract. A subgrantee's obligation to pay an interest charge to a subcontractor may not be construed to be an obligation of the Commonwealth.

- K. PRECEDENCE OF TERMS: The following General Terms and Conditions *VENDORS MANUAL*, *APPLICABLE LAWS AND COURTS*, *ANTI-DISCRIMINATION*, *ETHICS IN PUBLIC CONTRACTING*, *IMMIGRATION REFORM AND CONTROL ACT OF 1986*, *DEBARMENT STATUS*, *ANTITRUST*, *MANDATORY USE OF STATE FORM AND TERMS AND CONDITIONS*, *CLARIFICATION OF TERMS*, *PAYMENT* shall apply in all instances. In the event there is a conflict between any of the other General Terms and Conditions and any Special Terms and Conditions in this solicitation, the Special Terms and Conditions shall apply.
- L. QUALIFICATIONS OF APPLICANTS: The Commonwealth may make such reasonable investigations as deemed proper and necessary to determine the ability of the applicant to perform the services/furnish the goods and the applicant shall furnish to the Commonwealth all such information and data for this purpose as may be requested. The Commonwealth reserves the right to inspect applicant's physical facilities prior to award to satisfy questions regarding the applicant's capabilities. The Commonwealth further reserves the right to reject any proposal if the evidence submitted by, or investigations of, such applicant fails to satisfy the Commonwealth that such applicant is properly qualified to carry out the obligations of the contract and to provide the services and/or furnish the goods contemplated therein.
- M. TESTING AND INSPECTION: The Commonwealth reserves the right to conduct any test/inspection it may deem advisable to assure goods and services conform to the specifications.
- N. ASSIGNMENT OF CONTRACT: A contract shall not be assignable by the subgrantee in whole or in part without the written consent of the Commonwealth.
- O. CHANGES TO THE CONTRACT: Changes can be made to the contract in any of the following ways:

1. The parties may agree in writing to modify the scope of the contract. An increase or decrease in the price of the contract resulting from such modification shall be agreed to by the parties as a part of their written agreement to modify the scope of the contract.
  2. VDSS may order changes within the general scope of the contract at any time by written notice to the sub grantee. Changes within the scope of the contract include, but are not limited to, things such as services to be performed, the method of packing or shipment, and the place of delivery or installation. The sub grantee shall comply with the notice upon receipt. The sub grantee shall be compensated for any additional costs incurred as the result of such order and shall give VDSS a credit for any savings. Said compensation shall be determined by one of the following methods:
    - a. By mutual agreement between the parties in writing; or
    - b. By agreeing upon a unit price or using a unit price set forth in the contract, if the work to be done can be expressed in units, and the sub grantee accounts for the number of units of work performed, subject to VDSS's right to audit the sub grantee's records and/or to determine the correct number of units independently; or
    - c. By ordering the sub grantee to proceed with the work and keep a record of all costs incurred and savings realized. A markup for overhead and profit may be allowed if provided by the contract. The same markup shall be used for determining a decrease in price as the result of savings realized. The sub grantee shall present VDSS with all vouchers and records of expenses incurred and savings realized. VDSS shall have the right to audit the records of the sub grantee as it deems necessary to determine costs or savings. Any claim for an adjustment in price under this provision must be asserted by written notice to VDSS within thirty (30) days from the date of receipt of the written order from VDSS. If the parties fail to agree on an amount of adjustment, the question of an increase or decrease in the contract price or time for performance shall be resolved in accordance with the procedures for resolving disputes provided by the Disputes Clause of this contract or, if there is none, in accordance with the disputes provisions of the Commonwealth of Virginia *Vendors Manual*. Neither the existence of a claim nor a dispute resolution process, litigation or any other provision of this contract shall excuse the sub grantee from promptly complying with the changes ordered by VDSS or with the performance of the contract generally.
- P. DEFAULT: In case of failure to deliver goods or services in accordance with the contract terms and conditions, the Commonwealth, after due oral or written notice, may procure them from other sources and hold the sub grantee responsible for any resulting additional purchase and administrative costs. This

remedy shall be in addition to any other remedies which the Commonwealth may have.

- Q. ANNOUNCEMENT OF AWARD: Upon the award or the announcement of the decision to award a contract, as a result of this solicitation, VDSS will publicly post such notice on the DGS/DPS eVA web site ([www.eva.state.va.us](http://www.eva.state.va.us)) for a minimum of 10 days.
- R. DRUG-FREE WORKPLACE: During the performance of this contract, the sub grantee agrees to (i) provide a drug-free workplace for the sub grantee's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the sub grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the sub grantee that the sub grantee maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

For the purposes of this section, "*drug-free workplace*" means a site for the performance of work done in connection with a specific contract awarded to a sub grantee, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

- S. NONDISCRIMINATION OF SUB GRANTEES: An applicant shall not be discriminated against in the solicitation or award of this contract because of race, religion, color, sex, national origin, age, disability, faith-based organizational status, any other basis prohibited by state law relating to discrimination in employment or because the applicant employs ex-offenders unless the state agency, department or institution has made a written determination that employing ex-offenders on the specific contract is not in its best interest. If the award of this contract is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this contract objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.
- T. AVAILABILITY OF FUNDS: It is understood and agreed between the parties herein that VDSS shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of these contracts (sub grants).

## IX. SPECIAL TERMS AND CONDITIONS

- A. AUDIT: The sub grantee shall retain all books, records, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The agency, its authorized agents, and/or state auditors shall have full access to and the right to examine any of said materials during said period.

The sub grantee further agrees to comply with the organizational audit requirements of OMB Circular A-128, "Audits of State and Local Governments" or the Single Audit Act and OMB Circular A-133. A sub grantee who exceeds \$500,000 or more in combined federal funding is required at its expense to have an independent grant audit performed annually in accordance with the Single Audit Act and OMB Circular A-133.

A copy of all audits must be forwarded to VDSS within thirty days after receipt of the report by the institution or agency. The audit report shall be submitted no later than one (1) year from the end-date of the grant award as stated on the Statement of Grant Award/Acceptance, and for each audit cycle thereafter covering the entire award period as originally approved or amended. The management letter must be submitted with the audit report.

- B. CANCELLATION OF CONTRACT: VDSS reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 60 days written notice to the sub grantee. In the event the initial contract period is for more than 12 months, the resulting contract may be terminated by either party, without penalty, after the initial 12 months of the contract period upon 60 days written notice to the other party. Any contract cancellation notice shall not relieve the sub grantee of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation.
- C. CONFIDENTIALITY: The sub grantee assures that information and data obtained as to personal facts and circumstances related to patients or clients will be collected and held confidential, during and following the term of this agreement, and will not be divulged without the individual's informed, written, reasonably time-limited consent and only in accordance with federal law or the *Code of Virginia*. Sub grantees who utilize, access, or store personally identifiable information as part of the performance of a contract are required to safeguard this information and immediately notify VDSS of any breach or suspected breach in the security of such information. Sub grantees shall allow VDSS to both participate in the investigation of incidents and exercise control

over decisions regarding external reporting. Sub grantees and their employees working on this project may be required to sign a confidentiality statement.

- D. EQUIPMENT: Equipment purchased under the terms of this agreement shall be limited to equipment indicated in the attached budget. Equipment purchased under this agreement shall be retained by the Sub grantee during the period of performance of the agreement. Ownership of equipment purchased under this agreement may revert to VDSS at the end of the agreement period when ownership is requested by VDSS in writing. No depreciation or use charges on equipment purchased under this contract shall be claimed on this or any future contract with the Commonwealth of Virginia or any of its agents
- E. CONTRACTOR AS INDEPENDENT CONTRACTOR: During the performance of this contract, the sub grantee shall be regarded as an independent contractor and not as an agent or employee of the Commonwealth of Virginia or VDSS. The sub grantee shall be responsible for all its own insurance and federal, state, local and social security taxes.
- F. CONTRACTOR PERFORMANCE: VDSS may monitor and evaluate the sub grantee's performance under the contract through analysis of required reports, expenditure statements, site visits, peer reviews, interviews with or surveys of relevant agencies/ organizations and individuals having knowledge of the sub grantee's services or operations, audit reports, and other mechanisms deemed appropriate by VDSS. Performance under this contract shall be a primary consideration for extension of this contract and may be a consideration in future contract awards and negotiations.
- G. OBLIGATION OF APPLICANT AGENCY: By submitting a proposal, the applicant covenants and agrees that the applicant has satisfied itself, from its own investigation of the conditions to be met, that the applicant fully understands its obligation and that it will not make any claim for or have right to cancellation or relief from the contract because of any misunderstanding or lack of information.
- H. OWNERSHIP OF MATERIAL: Ownership of all data, material and documentation originated and prepared for VDSS pursuant to the RFP shall belong exclusively to the State and be subject to public inspection in accordance with the *Virginia Freedom of Information Act*. Trade secrets or proprietary information submitted by an applicant shall not be subject to public disclosure under the *Virginia Freedom of Information Act*, however, the applicant must invoke the protection of this section prior to or upon submission of the data or other materials, and must identify the data or other materials to be protected and state the reasons why protection is necessary.

Any reports, studies, photographs, negatives, films, videos, or other documents prepared by the sub grantee in the performance of its obligations under this grant shall be the exclusive property of VDSS and all such materials shall be remitted to VDSS upon completion, termination or cancellation of this contract. The sub

grantee shall not use, willingly allow or cause to have such materials used for any purpose other than performance of the sub grantee's obligations under this grant without the prior written consent of VDSS. Any materials produced under this contract must bear a statement that the project was supported by VDSS and identify the title of the funding source.

- I. PRIME SUB GRANTEE RESPONSIBILITIES: The sub grantee shall be responsible for completely supervising and directing the work under this contract and all subcontractors that he may utilize, using his best skill and attention. Subcontractors who perform work under this contract shall be responsible to the prime sub grantee. The sub grantee agrees that he is as fully responsible for the acts and omissions of his subcontractors and of persons employed by them as he is for the acts and omissions of his own employees.
- J. RENEWAL OF CONTRACT: This contract may be renewed by the Commonwealth upon written agreement of both parties for up to two (2) successive one-year periods, under the terms of the current contract, and at a reasonable time (approximately 90 days) prior to the expiration.
- K. SUBCONTRACTS: No portion of the work shall be subcontracted without prior written consent of VDSS. In the event that the sub grantee desires to subcontract some part of the work specified herein, the sub grantee shall furnish VDSS the names, qualifications and experience of their proposed subcontractors. The sub grantee shall, however, remain fully liable and responsible for the work to be done by his subcontractor(s) and shall assure compliance with all requirements of the contract.
- L. SMOKE FREE ENVIRONMENT: By submitting their proposals, applicants certify to the Commonwealth that they will comply with the requirements of Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the *Pro-Children Act of 1994* (Act), which requires that smoking not be permitted in any portion of any indoor facility owned or leased or granted for by an entity and used routinely or regularly for the provisions of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.
- M. STATE CORPORATION COMMISSION IDENTIFICATION NUMBER: Pursuant to *Code of Virginia*, §2.2-4311.2 subsection B, a bidder or offeror [applicant] organized or authorized to transact business in the Commonwealth pursuant to Title 13.1 or Title 50 is required to include in its bid or proposal the identification number issued to it by the State Corporation Commission (SCC). Any bidder,

offeror, or applicant that is not required to be authorized to transact business in the Commonwealth as a foreign business entity under Title 13.1 or Title 50 or as otherwise required by law is required to include in its bid or proposal a statement describing why the bidder, offeror, or applicant is not required to be so authorized. Indicate the above information on the SCC Form provided. The sub-grantee agrees that the process by which compliance with Titles 13.1 and 50 is checked during the solicitation stage (including without limitation the SCC Form provided) is streamlined and not definitive, and the Commonwealth's use and acceptance of such form, or its acceptance of the sub grantee's statement describing why the bidder, offeror, or applicant was not legally required to be authorized to transact business in the Commonwealth, shall not be conclusive of the issue and shall not be relied upon by the sub grantee as demonstrating compliance.

- N. SUPPLANTATION OF FUNDS: The applicant assures that funds made available under this grant will not be used to supplant state or local funds, but will be used to increase the amounts of such funds that would be, in the absence of these funds, made available for domestic violence services and prevention activities.
- O. POLITICAL ACTIVITY: The restrictions of the *Hatch Act*, Pub. L. 93-433, 5 USC Chapter III, (as amended), concerning the political activity of government employees are applicable to sub grantee staff members and state and local government employees whose principal employment is in connection with activities financed, in whole or in part, by grants. Under a 1975 amendment to the *Hatch Act*, such state and local government employees may take an active part in political management and campaigns except they may not be candidates for office.
- P. DISCRIMINATION PROHIBITED: No person shall, on the grounds of race, religion, color, national origin, sex, or handicap be excluded from participation in, be denied the benefits or be otherwise subjected to discrimination under or denied employment in connection with, grants awarded pursuant to the *Justice Assistance Act of 1984*, and the implementing regulations 28 CFR Part 42, Subparts C, D, E, and G, or any project, program, activity, or sub grant supported or benefiting from the grant. The sub grantee must comply with the provisions and requirements of Title VI of the *Civil Rights Act of 1964* and its implementing regulations 28 CFR 41.101 et. seq. The sub grantee must further comply with Section 504 of the *Rehabilitation Act of 1973*, as amended, and its implementing regulations; the *Age Discrimination Act of 1973*, as amended, and its implementing regulations and Title IX of the Education Amendments of 1972; Title 11 of the *Americans with Disabilities Act (ADA)*(1990); (42 USC. 12131-12134 & 28 CFR 35)

## **X. METHOD OF PAYMENT**

COMPENSATION to the sub grantee for delivered services shall be as follows:

- A. The sub grantee shall be paid on a cost reimbursable basis.

- B. Actual expenditures shall be invoiced pursuant to approved line item budget categories as submitted in Attachment D.1.
- C. No amendments to the approved budget may be made without the prior written approval of VDSS. No more than **two** budget amendments will be permitted during the grant period. No budget amendment will be approved within 60 days of the end of the grant year. Budget amendments must be requested using the Budget Amendment Request form accompanied by a narrative.
- D. The invoice period may be monthly **or** quarterly. The sub grantee shall invoice VDSS each month or quarter on forms supplied by VDSS and shall submit an invoice showing no services delivered if that is the case in any invoice period. VDSS shall not be obligated to pay for services when the sub grantee fails to submit invoices for such services within thirty (30) calendar days after the close of the **of the specified invoice period** in which services were delivered. Invoices and financial reports which are valid and correct shall be processed and paid no later than thirty (30) calendar days after receipt of the invoice. If errors are found in the invoice, the 30 days will be from the date errors are corrected.
- E. Fourth quarter, or final invoices shall be submitted in the following manner: One invoice must be received for the months of April and May only. This invoice must be received by the VDSS no later than June 6. (*Applicable to sub grantees invoicing on a quarterly basis*) An invoice for June expenditures shall be submitted separately no later than July 16 (*applicable to all sub grantees*).
- F. If the sub grantee fails to correctly provide any services and/or reports as specified, and in the time period specified, VDSS may withhold payment of an invoice until said services and/or reports are provided. All services provided by the sub grantee pursuant to this grant shall be performed to the satisfaction of VDSS, and in accordance with applicable federal, State and local laws, ordinances, rules and regulations. The sub grantee shall not receive payment for work found by VDSS to be unsatisfactory, or performed in violation of federal, State or local laws, ordinances, rule or regulations.
- G. Reimbursement shall be made electronically, using the Virginia Department of Account's Remittance Electronic Data Interchange (EDI).
- H. The sub grantee shall be required to maintain accounting records to support all requests for reimbursement. These records shall be available for review by the State. VDSS will monitor expenditures.

## **XI. ATTACHMENTS**

- A. Domestic Violence Program Information
- B. Additional Program Information
- C. Instructions for Completing Work Plan Form
- C.1 Work Plan Form

- D. Instruction for Completing Budget Forms
- D.1 Budget Forms
- E. Authorizations/Certifications/Assurances
- F. W-9 Request For Taxpayer Identification Number
- G. Application Checklist/ Table of Contents
- H. Semi-annual Progress Report Forms

## **XII. APPENDIXES**

- I. Definitions
- II. Allowable/Unallowable Expenses
- III. Strengthening Families Outcomes
- IV. Documenting Our Work Surveys
- V. Pre-Application Workshop Registration Form

## Domestic Violence Program Information Form Virginia Department of Social Services Request for Proposals Number CVS-12-049

|                              |  |   |   |
|------------------------------|--|---|---|
| Grant Program:               | Domestic Violence Prevention & Services Program  |   |   |
| Applicant:                   |  |   |   |
| Mailing Address:             |  |   |   |
| Applicant Federal ID Number: |  |   |   |
| Applicant DUNS Number:       |  |   |   |
| Registered with the CCR?     | <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |
| Program Title:               |  |   |   |
| Grant Period:                | July 1, 2012 – June 30, 2013   |   |   |
| Application Type:            | <input type="checkbox"/> New; <b>OR</b> ,<br><input type="checkbox"/> Established; <b>and</b> ,<br><input type="checkbox"/> Check this block <b>only</b> if the applicant is a DV Program that is accredited (fully or provisionally) by Virginia Sexual and Domestic Violence Action Alliance |   |   |
|                              | <b>Project Director<br/>(managing the grant activities)</b>  | <b>Project Administrator<br/>(authorized agency/locality administrator)</b> | <b>Finance<br/>(overseeing the project budget and invoices)</b> |
| Name:                        |  |   |   |
| Title:                       |  |   |   |
| Address                      |  |   |   |
| Phone:                       |  |   |   |
| Fax:                         |  |   |   |
| Email:                       |  |   |   |
| <b>Budget Request:</b>       | <b>Total Requested from VDSS</b>   | <b>Match (20% or 35%)</b>   | <b>Total Project Budget</b>                                     |
|                              |  |   |   |
| <input type="checkbox"/>     | Check this box if the program will be invoicing on a <b>Quarterly</b> basis  |   |   |
| <input type="checkbox"/>     | Check this box if the program will be invoicing on a <b>Monthly</b> basis  |   |   |

\_\_\_\_\_  
Signature of Project Administrator

\_\_\_\_\_  
Date

## ADDITIONAL APPLICANT INFORMATION

1) Applicant Type  Nonprofit  Local Government

2) Does the agency provide residential DV shelter directly?  Yes:  # of beds.  No: arranged shelter only

3) Check below any and all underserved populations that your agency has identified in your service area. Also indicate if your work plan specifically addresses services or outreach to any of the identified populations.

| Identified in service area | Providing services thru workplan | Underserved Populations may include victims who identify as: |
|----------------------------|----------------------------------|--|
|                            |                                  | Older adults   |
|                            |                                  | People with disabilities                                     |
|                            |                                  | Non English speaking/Limited English proficiency             |
|                            |                                  | Lesbian, Gay, Bisexual, Transgender                          |
|                            |                                  | Having substance abuse or mental health conditions           |
|                            |                                  | Living in rural areas  |
|                            |                                  | Ethnic or racial minorities                                  |

4) **Please run a VAdata report (identified as VDSS- Domestic Violence Program) for FY 2011 (January 1, 2011 – December 31, 2011) and attach it following this page.**

5) Check below the services provided by your program. Indicate which of these services will be provided through this funding and included on your work-plan.

| Provided | Funded with VDSS Funds |  | Statistics for FY 2011 |                        |
|----------|------------------------|--|------------------------|------------------------|
|          |                        | 24 Hour Crisis Hotline Service         |                        | # of calls             |
|          |                        | Shelter (Residential)                  |                        | # of people/nights     |
|          |                        | Shelter (Arranged)                     |                        | # of people/nights     |
|          |                        | Crisis Intervention                    |                        | # served (advocacy)    |
|          |                        | Safety Planning                        |                        | # served (advocacy)    |
|          |                        | Survivor Support Groups                |                        | # groups               |
|          |                        | Information and Referral               |                        |                        |
|          |                        | Emergency Transportation               |                        |                        |
|          |                        | Coordination of Services               |                        |                        |
|          |                        | Counseling/Support                     |                        | # served               |
|          |                        | Court Accompaniment                    |                        | # served               |
|          |                        | Children's Services                    |                        | # served               |
|          |                        | Children's Support Groups              |                        | # of groups            |
|          |                        | Volunteer Program                      |                        | # of active volunteers |
|          |                        | Systems Advocacy                       |                        |                        |
|          |                        | Community Education & Public Awareness |                        | # of presentations     |
|          |                        | Other                                  |                        |                        |
|          |                        |  |                        |                        |
|          |                        |  |                        |                        |

**List any other services in the space above**

## ADDITIONAL PROGRAM INFORMATION

6) # of Full Time Staff: \_\_\_\_\_ # of Volunteers: \_\_\_\_\_

# of Part Time Staff: \_\_\_\_\_ # of volunteer hours provided per week: \_\_\_\_\_

Describe how volunteers are utilized:

|   |               |
|---|---------------|
| 7) Does your agency serve other populations in addition to serving victims of domestic violence and their children, i.e. homeless adults / children, substance abusers, people with disabilities? | __ Yes, __ No |
|---|---------------|

***If responding yes to question 6,*** please provide a brief description of the population served and the funding sources supporting the work:

|   |               |
|---|---------------|
| 8) Is your agency a joint domestic violence / sexual assault program? | __ Yes, __ No |
|---|---------------|

|   |       |
|---|-------|
| 9) List Congressional Districts served by your agency (may be more than one)<br><a href="#">Link to Congressional Map</a> | _____ |
|---|-------|

10) List the localities served by your agency and the funding received from each for FY 2011:

|              |    |
|--------------|----|
|              | \$ |
|              | \$ |
|              | \$ |
|              | \$ |
|              | \$ |
|              | \$ |
|              | \$ |
|              | \$ |
|              | \$ |
| <b>TOTAL</b> | \$ |

| <b>Total Domestic Violence Program Revenue (DV only)</b>              |                             |                                |                 |
|---|-----------------------------|--------------------------------|-----------------|
| <b>SOURCE</b>   | <b>FY 2011<br/>(ACTUAL)</b> | <b>FY 2012<br/>(PROJECTED)</b> | <b>COMMENTS</b> |
| From: Virginia Department of Social Services:                         |                             |                                |                 |
| Domestic Violence Grant   |                             |                                |                 |
| VOCA Child Abuse Prevention   |                             |                                |                 |
| Child Abuse Treatment   |                             |                                |                 |
| VOCA Recovery Act Grant   |                             |                                |                 |
| Un-served Communities DV Grant  |                             |                                |                 |
| Other   |                             |                                |                 |
| From: Virginia Department of Criminal Justice Services:               |                             |                                |                 |
| V-STOP  |                             |                                |                 |
| Victim/Witness Program  |                             |                                |                 |
| Domestic/Sexual Violence Victim Fund                                  |                             |                                |                 |
| Recovery Act (any DCJS source)  |                             |                                |                 |
| From: Virginia Department of Housing and Community Development (DHCD) |                             |                                |                 |
| State Shelter Grant   |                             |                                |                 |
| Emergency Solutions Grant   |                             |                                |                 |
| Child Services  |                             |                                |                 |
| Coordinator Grant   |                             |                                |                 |
| Child Care for Homeless Children Grant                                |                             |                                |                 |
| VP3 Rapid Re-housing Grant  |                             |                                |                 |
| Virginia Sexual and Domestic Violence Action Alliance                 |                             |                                |                 |
| Delta   |                             |                                |                 |
| Other Funding:  |                             |                                |                 |
| United Way / Specify:   |                             |                                |                 |
| Other Revenues / Specify  |                             |                                |                 |
| <b>Total Revenue</b>  |                             |                                |                 |
|   | \$                          | \$                             |                 |

**FFATA Subrecipient Required Data**  
(Federal Funding Accountability and Transparency Act)

| <i>For VDSS Use Only –</i>  |   |
|---|---|
| 1. Federal Award Identifier Number (FAIN)   |   |
| 2. Award Title  |   |
| 3. CFDA   |   |
| 4. Subaward Number  |   |
| <i>To be completed by Subawardee</i>  |   |
| 5. Subawardee Legal Name  |   |
| 6. Data Universal Numbering System (DUNS) number – 9 digits   |   |
| 7. Are you registered in the Central Contractor Registration (CCR)?<br>If Yes, continue to question 8. If No, please go to question 9.  | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No                           |
| 8. Is your registration CCR current and active?<br>If Yes, enter expiration date.<br><br>If No, continue to question 9.   | <input type="checkbox"/> Yes<br>Expiration Date: _____<br><br><input type="checkbox"/> No |
| 9. In your business or organization’s previous fiscal year, did your business or organization (including parent organization, all branches, and all affiliates worldwide) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; <b>AND</b> (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?<br><br>If Yes, continue to question 10. If No, please go to question 12.                      | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No                           |
| 10. Does the public have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <a href="http://www.sec.gov/answers/execomp.htm">www.sec.gov/answers/execomp.htm</a> .)<br><br>If Yes, please go to question 12. If No, please continue to question 11. | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No                           |

|   |   |
|---|---|
| <p>11. List the names and total compensation of the top five highly compensated officers.<br/> <i>Total Compensation is the cash and noncash dollar value earned by the executive during the preceding fiscal year and includes the following: salary and bonus; awards of stock, stock options, and stock appreciation rights; earnings for services under non-equity incentive plans; change in pension value, etc. (for more information see 17 CFR 229.402 (c))</i></p> <p><b>Note:</b> State and local governments are exempt from reporting executive compensation.</p> | <p>Officer 1 Name: _____<br/> Officer 1 Compensation: _____</p> <p>Officer 2 Name: _____<br/> Officer 2 Compensation: _____</p> <p>Officer 3 Name: _____<br/> Officer 3 Compensation: _____</p> <p>Officer 4 Name: _____<br/> Officer 4 Compensation: _____</p> <p>Officer 5 Name: _____<br/> Officer 5 Compensation: _____</p> |
| 12. Awardee Street Address 1  |   |
| 13. Street Address 2  |   |
| 14. City  |   |
| 15. State   |   |
| 16. Zip + 4   |   |
| 17. Congressional District  |   |
| 18. Place of Performance – primary site where the work will be performed (POP) Awardee Street Address 1   |   |
| 19. POP Street Address 2  |   |
| 20. POP City  |   |
| 21. POP State   |   |
| 22. POP Zip + 4   |   |
| 23. POP Congressional District  |   |

Dun & Bradstreet website: <http://www.dnb.com/us/>  
Central Contractor Registration website: <https://www.bpn.gov/ccr>

**I certify that the above Awardee information is correct, accurate, and will be maintained and updated as required to keep registration current.**

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date

## INSTRUCTIONS FOR COMPLETING WORK PLAN FORM

**Performance Measurement** is a system for measuring the *results* of public programs.

### Why Performance Measurement?

No longer are legislators and funders satisfied with allocating dollars and getting back reports of numbers served and program activities. Performance measurement enables legislators, funding sources, and communities to know what impact the dollars have had i.e. ***what effect or change has resulted from dollars invested and how a person's life or community has been changed.***

Performance measurement starts with "the end in mind" e.g. what do you want to occur as a result of your service?

### Performance measurement consists of:

**High level outcomes:** Desired results in social health or well-being. High level outcomes reflect the longer-term, global effects the program is intended to achieve. e.g. To reduce child abuse and neglect.

**Activities:** List the key activities/initiatives proposed to achieve the goal(s) and objective(s) of the grant program.

**Staff Responsible:** Indicate the staff or organizations responsible for carrying out each activity/initiative.

**Output:** An output is a process measure which describes the conditions under which measurements will be made. This may refer to the timeframe and/or implementation of an activity/initiative, frequency, number of participants, etc. Process measures are *activity focused and contribute to interim outcomes. They do not reflect qualitative outcomes.* E.g. the number of victims participating in support groups or the number of community presentations.

**Outcomes:** Interim improvements in participant's or community progress towards a high level outcome. Interim outcomes reflect a more immediate or direct effects a program is intended to achieve. Outcomes typically address changes in participant performance/behavior that occur as a result of specific activities. They may include, but are not limited to a change or benefit in behavior, knowledge, skills, attitude, values, or condition.

**Outcome Measures:** Documents the condition of clients after a service has been provided e.g. increased skills, modified behavior, improved condition. Outcome measures address *qualitative outcomes.*

Outcome measures can include research based instruments with demonstrated reliability and validity, statistics, interviews, observations, rating scales, surveys, focus groups, records, goal attainment, etc.

Performance measurement enables program directors and communities to measure program effectiveness and *demonstrate both quantitative and qualitative* results that contribute to a higher level social outcome.

The Applicant may use the statewide measures or may develop measures that are more specific to the needs of their program. Applicants are additionally required to develop at least three outcome measures that address the Strengthening Families Protective Factors.

Example:

|                          |   |
|--------------------------|---|
| <b>Activity</b>          | Agency "x" will provide parenting classes for parents known to CPS  |
| ↓                        |   |
| <b>Staff Responsible</b> | John Doe  |
| ↓                        |   |
| <b>Output</b>            | 6 weeks, 2 hour sessions for 10-12 participants, during the period of 9/01/2012 – 6/15/13                               |
| ↓                        |   |
| <b>Interim Outcome</b>   | Parents will use redirection, positive reinforcement & praise to promote desired behavior                               |
| ↓                        |   |
| <b>Outcome Measure</b>   | 80% of parents completing course will use redirection, praise and positive reinforcement as measured by "x" instrument. |

# SAMPLE Work Plan

FROM 7/1/2012 TO 6/30/2013 CONTRACTOR NAME Domestic Violence Agency of the Region CONTRACT # CVS-12-049

**HIGH LEVEL OUTCOME:** To improve the safety of the victims

| <b>ACTIVITIES</b><br><i>What the service/initiative does.</i>  | <b>STAFF RESPONSIBLE</b>  | <b>OUTPUT</b><br><i>What program produces.<br/>Service frequency,<br/>participant numbers,<br/>begin/end dates.</i>                                 | <b>INTERIM OUTCOMES FOR CHILD, FAMILY OR COMMUNITY</b><br><b>Qualitative results from activity.</b><br><i>What difference will the service make?</i> | <b>EVALUATION *</b><br><i>Qualitative &amp; Quantitative Outcome Measures</i>   |
|--|---|---|--|---|
| Provide crisis intervention and safety planning for domestic violence victims in the shelter within 8 hours of entering shelter. | Shelter staff:<br>Victim Advocate<br>Night Mgrs<br>Children's Adv | Provide crisis intervention and safety planning for 75 domestic violence victims. Services will be provided for clients throughout the grant cycle. | Domestic violence victims will understand the dynamics of domestic violence and the value of safety planning.  | At least 70% of domestic violence survivors will be able to identify their safety options through the creation of their own specific safety plan.     |
| Provide educational presentations in the service areas.  | Staff 1<br>Staff 2<br>Staff 3                                     | 24 public education presentations will be made to a total of 150 adults and 800 students in 2 local high schools 9/2012-5/2013                      | Participants will gain an understanding of the dynamics of domestic violence. They will learn how they can address the problem of domestic violence. | 75% of participants surveyed will report an increase in knowledge and understanding of domestic violence on the evaluation forms completed.           |
| Provide appropriate response to those calling the hotline 24-hrs/day, 7 days/wk.   | All Staff and Volunteers  | 1,500 calls will be answered throughout the grant cycle.  | Domestic violence victims will have the support and information they need and/or request.  | At least 70% of callers making victim related calls to the hotline will be more informed about the dynamics of DV and the services available to them. |

Sample

# Work Plan

FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ CONTRACTOR NAME \_\_\_\_\_ CONTRACT # \_\_\_\_\_

**HIGH LEVEL OUTCOME:**

| <b>ACTIVITIES</b><br><i>What the service/initiative does.</i> | <b>STAFF RESPONSIBLE</b><br><i>List position titles</i> | <b>OUTPUT</b><br><i>What program produces.<br/>Service frequency,<br/>participant numbers,<br/>begin/end dates.</i> | <b>INTERIM OUTCOMES FOR CHILD, FAMILY OR COMMUNITY</b><br><b>Qualitative results</b> from activity.<br><i>What difference will the service make?</i> | <b>EVALUATION *</b><br><i>Qualitative &amp; Quantitative</i><br><b>Outcome Measures</b> |
|---|---|---|--|---|
|   |   |   |  |   |

## BUDGET INSTRUCTIONS

### **Budget Forms:**

There are two versions of the Budget Forms. The version in this RFP is a Word Document. The instructions below correspond to the Word Document. Also available as a separate attachment is an Excel Spreadsheet. You are encouraged to use the Excel Spreadsheet. If you use the Word document, you must ensure that your numbers add up correctly and match the totals on the Budget Summary.

### **Word Document:**

**Page 1 – Budget Summary:** Complete pages 2 through 5 first, then fill in the subtotal amounts in the corresponding rows in the column labeled “Requested from VDSS”. Fill in the Match amounts from page 6 into the column labeled “Total Match Amount”. Add the columns together to calculate the “Total Project Budget”.

**Page 2- Itemized Budget for Salaries:** This form details what staff will be funded through this grant and their job responsibilities as they relate to administration and prevention efforts.

**Grant Period:** Please indicate the length of the grant that you are applying for. For example, if the grant begins in July 2012 and it is for one year, the grant period would be July1, 2012 to June 30, 2013.

**Grantee Name:** Specify the name of your program.

**Staff Positions:** In this column, list all staff positions, to be financed with awarded grant funds. Examples of staff positions would be Shelter Manager or Court Advocate.

**Hours Per Week:** Indicate the total number of hours per week each position will work. This includes time that will not be funded by VDSS. For example, if the Shelter Manager is full-time but will only be funded by VDSS for 20 hours a week, the total hours per week for this position would be 40.

**% of Time on Project:** Calculate the percentage of time that will be spent by each staff position performing the duties and services applicable to this project. For example, if a full-time domestic violence advocate devotes one half of the work week to the VDSS project, then the % of time on the project is 50%. The percentage of time indicated as being on the project must not exceed the % of funding requested to support the position.

**% of time on Administrative Functions:** Of the time on the project indicate the % of time this position will spend performing administrative responsibilities (fundraising, bookkeeping, grant writing).

% of Time on Prevention Planning and Activities: Of the time on the project indicate the % of time this position will spend planning, preparing, and performing prevention efforts.

Annual Salary: Specify the total gross yearly salary for each staff position.

Amount Requested from VDSS: This amount requires a calculation of the Annual Salary multiplied by the % of time on the project. For example, a staff person making \$20,000 and working 60% of their time on the VDSS funded project would be eligible to receive \$12,000 for salary and 60% of benefits.

Total Salaries Requested from VDSS: The sum of the amounts requested for each staff position.

**Page 3- Itemized Budget for Employee Benefits:** This sheet details the benefits offered to employees of your program.

Staff Position Number: Identify which staff positions you are requesting funding for the employee benefits in the first column (from pg. 2 of Itemized Budget).

% or Rate: Indicate the rate or other bases for determining the cost which your program will pay

Annual Cost: Enter the cost for all staff positions listed.

Amount Requested from VDSS: VDSS will pay a pro-rated amount based on the % of time on the project for each position.

Total Annual Cost: Sum of the amounts listed per staff.

Total Amount Requested from VDSS: Sum of the amounts listed per staff.

### **Pages 4 & 5- Itemized Budget- Other Proposed Expenses**

Description of Proposed Expenditures: For each line item describe how DSS funds will be used in that category to support project related activities. Be sure to include any rates or formulas needed to calculate projected costs.

Example: Printing 500 copies of a new brochure. The cost per item is .39.  
The cost of 500 (brochures) x .39 (each copy) = \$195.00.

Proposed DSS Funds: Each section is divided into a category header (bold) and sub categories. Each **bold** line item category should contain the sum of the sub categories. Indicate the amount needed for each sub category.

Example: **Rent & Utilities** = 4,000.00  
Rent = 3,000.00  
Utilities = 500.00  
Phone = 500.00

Subtotal For This Page: Sum of the amounts indicated for each category listed on this page.

Total Amount Requested from DSS: Sum of the subtotals from pages 2 - 5.

**Page 6 – Match:** This sheet lists the Matching funds to support the project. A 20% cash or in-kind match from non-federal sources is required from all existing programs. A 35% match is required of new programs.

Match funds for this grant cannot be used as match for any other funding source.

A 20 % match can be calculated by dividing the amount of the request by .80 and subtracting the amount requested from the figure obtained. For example, a budget request of \$100,000 would be divided by .80, which equals \$125,000. Then subtract \$100,000 from \$125,000. The difference of \$25,000 is the 20% match.

**Budget Narrative:**

A Budget Narrative must accompany your Budget Forms. The Narrative shall follow the line items of the Budget Forms. This is a separate document from the Budget Forms.

For each line item requested, please provide a **complete explanation and justification** of the proposed expense. For example, if you are requesting Printing costs, justify the request by explaining what will be printed, to whom it will be distributed, in what quantity, and the per piece cost. Be as specific as you can be.

Assume that the grant review committee is unfamiliar with domestic violence programs. Provide as much information as possible about what you will be doing with the funds requested. Unjustified expenses may not be funded.

DOMESTIC VIOLENCE PREVENTION & SERVICES GRANT FY 2013

| <b>BUDGET SUMMARY - DSS FUNDS AND MATCH FUNDS</b>                         |                          |                           |                             |
|---|--------------------------|---------------------------|-----------------------------|
| GRANT PERIOD: FROM ___ / ___ / ___ TO ___ / ___ / ___ GRANTEE NAME: _____ |                          |                           |                             |
| <b>BUDGET CATEGORY</b>  | <b>TOTAL DSS REQUEST</b> | <b>TOTAL MATCH AMOUNT</b> | <b>TOTAL PROJECT BUDGET</b> |
| SALARIES  |                          | -                         | -                           |
| EMP. BENEFITS   |                          | -                         | -                           |
| BUILDING  |                          | -                         | -                           |
| OFFICE & PROGRAM  |                          | -                         | -                           |
| EQUIPMENT   |                          | -                         | -                           |
| CONTRACT SERVICES /<br>CONSULTANTS  |                          | -                         | -                           |
| TRAINING, TRAVEL,<br>TRANSPORTATION                                       |                          | -                         | -                           |
| OTHER (Total)   |                          | -                         | -                           |
| <b>TOTAL REQUESTED<br/>FROM VDSS</b>                                      |                          | <b>\$ -</b>               | <b>\$ -</b>                 |
| * Awarded funds cannot be used to supplant existing funds.                |                          |                           |                             |

## ITEMIZED BUDGET - SALARIES AND EMPLOYEE BENEFITS

GRANT PERIOD: FROM \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_ GRANTEE NAME: \_\_\_\_\_

| 1. SALARIES                               | Hours Per Week | % of Time on Project | % of Time on Administrative Functions, if any | % of Time on Prevention Planning and Activities, if any | Annual Salary | Amount Requested from VDSS |
|---|----------------|----------------------|---|---|---------------|----------------------------|
| <b>STAFF POSITION</b>                     | 40             | 50%                  | 10%   | 0%  | 30,000        | 15,000                     |
| 1   |                |                      |   | -   | -             |                            |
| 2   |                |                      |   | -   | -             |                            |
| 3   |                |                      |   | -   | -             | -                          |
| 4   |                |                      |   | -   | -             | -                          |
| 5   |                |                      |   | -   | -             | -                          |
| 6   |                |                      |   |   |               |                            |
| 7   |                |                      |   |   |               |                            |
| 8   |                |                      |   |   |               |                            |
| 9   |                |                      |   |   |               |                            |
| 10  |                |                      |   |   |               |                            |
| <b>TOTAL SALARIES Requested from VDSS</b> |                |                      |   |   | \$            | \$                         |

| <b>Employee Benefits</b>                  |                         |                  |                    |   |
|---|-------------------------|------------------|--------------------|---|
| <b>2. Employee Benefits</b>               | <b>Staff Position #</b> | <b>% or Rate</b> | <b>Annual Cost</b> | <b>TOTAL BENEFITS Requested from VDSS</b> |
| FICA                                      |                         |                  |                    |   |
| PENSION / RETIREMENT                      |                         |                  |                    |   |
| HEALTH INSURANCE                          |                         |                  |                    |   |
| WORKER'S COMPENSATION                     |                         |                  |                    |   |
| UNEMPLOYMENT                              |                         |                  |                    |   |
| OTHER (SPECIFY)                           |                         |                  |                    |   |
| <b>TOTAL BENEFITS Requested from VDSS</b> |                         |                  |                    | <b>\$0</b>                                |

## ITEMIZED BUDGET - OTHER PROPOSED EXPENSES

GRANT PERIOD: FROM \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_ GRANTEE NAME: \_\_\_\_\_

| LINE ITEM                      | DESCRIPTION OF PROPOSED EXPENDITURES<br>(include rate or formula) | PROPOSED DSS FUNDS |
|--------------------------------|---|--------------------|
| <b>3. BUILDING</b>             |   | <b>\$0</b>         |
| Rent                           |   | \$0                |
| Utilities                      |   | \$0                |
| Maintenance                    |   | \$0                |
| Household Supplies             |   | \$0                |
| <b>4. OFFICE &amp; PROGRAM</b> |   | <b>\$0</b>         |
| Printing                       |   | \$0                |
| Postage                        |   | \$0                |
| Communications                 |   | \$0                |
| Program Supplies and Costs     |   | \$0                |
| Publicity/Advertising          |   | \$0                |
| Office Supplies                |   | \$0                |
| <b>5. EQUIPMENT</b>            |   | <b>\$0</b>         |
| Equipment Purchase             |   | \$0                |
| Equipment Rental               |   | \$0                |
| <b>Subtotal For This Page</b>  |   | <b>\$0</b>         |

**ITEMIZED BUDGET - OTHER PROPOSED EXPENSES**

GRANT PERIOD: FROM \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_ GRANTEE NAME: \_\_\_\_\_

| LINE ITEM  | DESCRIPTION OF PROPOSED EXPENDITURES<br>(include rate or formula) | PROPOSED DSS FUNDS |
|--|---|--------------------|
| <b>6. CONTRACT SERVICES / CONSULTANTS</b>  |   | <b>\$0</b>         |
| Family Violence Hotline  |   | \$0                |
| Interpreters   |   | \$0                |
| <b>7. TRAVEL, TRANSPORTATION, &amp; TRAINING</b>   |   | <b>\$0</b>         |
| Travel   |   | \$0                |
| Transportation   |   | \$0                |
| Training   |   | \$0                |
| <b>8. OTHER TOTAL</b>  |   | <b>\$0</b>         |
| Other (specify)  |   | \$0                |
| <b>Subtotal For This Page</b>  |   | <b>\$0</b>         |
| <b>TOTAL AMOUNT REQUESTED FROM VDSS:</b><br>(Should match the total at the bottom of page 1) |   | <b>\$ 0</b>        |

## ITEMIZED BUDGET - MATCH DOCUMENTATION

GRANT PERIOD: FROM \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_ GRANTEE NAME: \_\_\_\_\_

| BUDGET<br>CATEGORY                        | BRIEF DESCRIPTION | SOURCE | CASH | IN-KIND<br>VALUE | TOTAL<br>MATCH |
|---|-------------------|--------|------|------------------|----------------|
| SALARIES                                  |                   |        |      |                  |                |
| EMP. BENEFITS                             |                   |        |      |                  |                |
| BUILDING                                  |                   |        |      |                  |                |
| OFFICE & PROGRAM                          |                   |        |      |                  |                |
| EQUIPMENT                                 |                   |        |      |                  |                |
| CONTRACT<br>SERVICES /<br>CONSULTANTS     |                   |        |      |                  |                |
| TRAINING, TRAVEL,<br>TRANSPORTATION       |                   |        |      |                  |                |
| OTHER (Total)                             |                   |        |      |                  |                |
| <b>Total Amount<br/>Supplied by Match</b> |                   |        |      |                  | \$             |

## **AUTHORIZATIONS & CERTIFICATIONS**

Initial each and sign below

### **Authorization To Receive Automated Data**

\_\_\_\_\_ 1. \_\_\_\_\_ (Agency Name) gives permission for the Virginia Department of Social Services to receive aggregate statistical data entered into the statewide data collection system, VAdata, managed by the Virginia Sexual and Domestic Violence Action Alliance. This authorization begins at the beginning of the funding cycle, July 1, 2012 and ends June 30, 2013, or on the ending date of any subsequent contract renewals.

### **Certification To Receive Electronic Reimbursement**

\_\_\_\_\_ 2. This document constitutes certification that \_\_\_\_\_ (Agency Name) is registered with, or will apply for access to, the Virginia Department of Accounts, Remittance Electronic Data Interchange Virginia. Virginia Department of Social Services will use the REDI system for all reimbursements ([www.doa.virginia.gov](http://www.doa.virginia.gov)).

Checks will be not be made to the applicant agency.

### **Confidentiality**

\_\_\_\_\_ 3. On behalf of \_\_\_\_\_ (Agency Name), I certify that confidentiality policies are in place prohibiting the agency from:

- 1) disclosing any personally identifying information or individual information collected in connection with services requested, utilized, or denied through our programs, and
- 2) revealing individual client information without the informed, written, reasonably time-limited consent of the person.

I also acknowledge that this requirement prohibits \_\_\_\_\_ (Agency Name) from disclosing, for the purposes of a Homeless Management Information System, personally identifying information about any client. Non-personally identifying data in the aggregate regarding services to clients and non-personally identifying demographic information may be shared in order to comply with Federal, State or tribal reporting, evaluation, or data collection requirements.

**No Fee Assurance**

\_\_\_\_\_ 4. On behalf of \_\_\_\_\_ (Agency Name), I certify that fees are not charged for any services to victims of domestic violence.

**Authorization to Sign Invoices**

\_\_\_\_\_ 5. I authorize the following people to sign and submit Invoices that reflect grant expenses to VDSS for payment:

\_\_\_\_\_  
\_\_\_\_\_

**Agreement with Terms and Conditions**

\_\_\_\_\_ 6. I certify that \_\_\_\_\_ (Agency Name) will comply with all Terms and Conditions listed herein and will comply with the provisions of the Victims of Crime Act of 1984, 42, U. S. C. 10601, et. seq., as amended, and all other federal and state laws and guidelines that apply to this award.

<http://www.navaa.org/misc/Statute.html#10603>

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

# State Corporation Commission Form

## Virginia State Corporation Commission (SCC) registration information.

The Offeror, \_\_\_\_\_:  
(Agency Name)

is a corporation or other business entity with the following SCC identification number:

\_\_\_\_\_ -OR-

is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust -OR-

is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the offeror in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from offeror's out-of-state location) -OR-

is an out-of-state business entity that is including with this proposal an opinion of legal counsel which accurately and completely discloses the undersigned offeror's current contacts with Virginia and describes why those contacts do not constitute the transaction of business in Virginia within the meaning of § 13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.

**\*\*NOTE\*\*** >> Check the following box if you have not completed any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for proposals (the Commonwealth reserves the right to determine in its sole discretion whether to allow such waiver):

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## **Certifications Regarding Lobbying; Debarment, Suspension And Other Responsibility Matters; And Drug-Free Workplace Requirements**

Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 35 CFR Part 85, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Energy determines to award the covered transaction, grant, or cooperative agreement.

### **1. Lobbying**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

### **3. DRUG-FREE WORKPLACE**

This certification is required by the Drug-Free Workplace Act of 1988 (Pub.L. 100-690, Title V, Subtitle D) and is implemented through additions to the Debarment and Suspension regulations, published in the Federal Register on January 31, 1989, and May 25, 1990.

- (1) The grantee certifies that it will or will continue to provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing an ongoing drug-free awareness program to inform employees about:
    - 1. The dangers of drug abuse in the workplace;
    - 2. The grantee's policy of maintaining a drug-free workplace;
    - 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
    - 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
  - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
    - 1. Abide by the terms of the statement; and
    - 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace not later than five calendar days after such conviction;
  - e. Notifying the agency, in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
  - f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
    - 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;
  - g. Making a good faith effort to continue to maintain a drug- free workplace through implementation of paragraphs (a),(b),(c),(d),(e), and (f).
- (2) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance: (Street address, city, county, state, zip code)

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Check if there are workplaces on file that are not identified here.

When notice is made to such a central point, it shall include the identification number(s) of each affected grant. As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

\_\_\_\_\_  
**NAME of APPLICANT**

\_\_\_\_\_  
**GRANT NUMBER**

\_\_\_\_\_  
**PRINTED NAME and TITLE of AUTHORIZED REPRESENTATIVE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Previous Edition Usable  
Standard Form 424B (Rev. 7-97)  
Authorized for Local Reproduction  
Prescribed by OMB Circular A-102

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

### NOTE:

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition

Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction sub agreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401

et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93- 205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

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SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

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TITLE

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APPLICANT ORGANIZATION

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DATE SUBMITTED



#### Additional Address

If you have more than one shipping address and/or Purchase Order Address please list these addresses on a separate sheet of paper and attach it to your W-9 form. Identify each type of address as shipping or Purchase Order address. Please include your Dun's number for each site. If you don't have a Duns number you may obtain one by calling 1-888-814-1435

#### Definitions:

- **Small Business** means an independently owned and operated business that, together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years.
- **Women-owned business** means a business concern that is at least 51 percent owned by a one or more women who are U.S. Citizens or legal resident aliens.
- **Minority-owned business** means any business concern that is at least 51 percent owned by one or more minority individuals (who are U.S. Citizens) who also control and operate it.
- **Faith Based Organizations: If you consider yourself a Faith Based Organization, please indicate on the front of the form in response to the question "Are you a Faith Based Organization".**
- Department of Minority Business Enterprise: If you have not registered with the Virginia Department of Minority Enterprise, please do so at your earliest convenience. Additional information may be obtained at their web site, [www.dbme.virginia.gov](http://www.dbme.virginia.gov)

This form may also be downloaded by clicking on the following link:

[http://www.localagency.dss.state.va.us/divisions/finance/files/finance/forms/Forms/W9\\_Report\\_for\\_Taxpayer\\_ID\\_Numbers\\_and\\_Certificate.pdf](http://www.localagency.dss.state.va.us/divisions/finance/files/finance/forms/Forms/W9_Report_for_Taxpayer_ID_Numbers_and_Certificate.pdf)

**Application Checklist/ Table of Contents**

| Description  | Page Number(s) | Included                 | Not Included             |
|--|----------------|--------------------------|--------------------------|
| Cover Sheet  | 1              | <input type="checkbox"/> | <input type="checkbox"/> |
| Addenda, if any.   |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Application Checklist / Table of Contents<br>(Attachment G, this page)                             |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Signed Domestic Violence Program Info Form<br>(Attachment A)                                       |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Program Information Sheets<br>(Attachment B, 5 pages)                                   |                | <input type="checkbox"/> | <input type="checkbox"/> |
| VAdata Report - VDSS Domestic Violence Program<br>(Established Programs Only) 1/11 – 12/11         |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Project Narrative  |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Plans<br>(Attachment C.1)   |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Budget Forms<br>(Attachment D.1, 6pages)   |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Budget Narrative   |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Fiscal Letter  |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperative Agreements   |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Organizational Chart   |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Descriptions   |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Confidentiality Policy   |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Client Consent for the Release of Confidential Information<br>Form – VAWA Compliant                |                |                          |                          |
| Signed Authorizations, Certifications and Assurances<br>(Attachment E, 7 pages)                    |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Quarterly Progress Reports, Narrative Section Only<br>(Established Programs Only)                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of Most Recent Audit  |                | <input type="checkbox"/> | <input type="checkbox"/> |
| W-9 Form<br>(Attachment F, 1 page)   |                | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate of Incorporation from the State Corporation<br>Commission (non-profit applicants only) |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 501©3 Certification from the IRS<br>(non-profit applicants only)                                   |                | <input type="checkbox"/> | <input type="checkbox"/> |
| List of Current Board Members<br>(non-profit applicants only)                                      |                | <input type="checkbox"/> | <input type="checkbox"/> |
| One complete copy of the RFP (pages 1-26)<br>Attached to the Original Only                         |                | <input type="checkbox"/> | <input type="checkbox"/> |
| One original, 5 copies and 1 electronic copy on a CD   |                | <input type="checkbox"/> | <input type="checkbox"/> |

## Semi-Annual Progress Report – Cover Page

Domestic Violence Funding FY 2013

|                               |  |   |
|-------------------------------|--|---|
| Program Name:                 |  | Contract Number:                              |
| Project Administrator's Name: |  | E-mail Address:                               |
| Report Period: Check one      | <input type="checkbox"/> 7/1/2012 - 12/31/2012 | <input type="checkbox"/> 1/1/2013 - 6/30/2013 |
| <b>Report Due Date:</b>       | <b>1/31/12</b>                                 | <b>7/31/13</b>                                |
| Person Completing the Report: |  |   |
| Telephone Number:             | E-mail Address:                                |   |
|                               |  |   |

This progress report is required as part of the program reporting requirements of the Virginia Department of Social Services for all types of Domestic Violence funding. The report must include:

- A. Program Objectives - Provide information for each activity outlined in your approved Work Plan. (use the chart below) (for multiple pages, please copy and paste into one document)
- B. On a separate page provide information regarding the following services provided to victims.
  1. Was victim compensation information distributed? # of requests processed?
  2. Identify the underserved populations that are being focused on for outreach services.
  3. How have underserved populations being identified? Are their needs being met? Who provides the services to the underserved populations? (staff position) Are there any ongoing challenges with reaching and serving the identified underserved populations?
  4. Staff training needs to increase your capacity to provide services to victims and/or children.
  5. Trends/emerging issues impacting domestic violence victims or services in your community.
  6. Notable activities conducted by your agency to improve victim services.
  7. # of volunteers and the # of volunteer hours provided for the reporting period. (Note the cumulative yearly total on the second Semi-Annual Report.)
- C. Attach two case studies reflecting the services provided to a victim of domestic violence.
  1. One of the two case studies will focus on services provided to meet the needs of a victim of an *under-served population* in your service area.
  2. For that underserved population, describe the unique needs.
  3. Include at least four (4) services provided by program staff to assist the victim.
  4. Write from a third person perspective.
  5. Include titles of staff who provided services.
  6. Only include staff supported by the VDSS Prevention and Services Grant.
  7. Describe the services in narrative form, rather than a generic list of services provided.
  8. **Please be mindful of confidentiality requirements and do not give any personally identifying information about the individuals served.**
- D. Celebration Page – Please share any information about exciting, innovative services you have developed, successful fundraisers, new supporters, etc.
- E. A copy of the VAdata report entitled VDSS - Domestic Violence Program Report for the appropriate 6 month report period.

# Semi-Annual Progress Report – Domestic Violence Funding FY 2013

SUB-GRANTEE NAME \_\_\_\_\_ CONTRACT # \_\_\_\_\_

**HIGH LEVEL OUTCOME:**

| <b>ACTIVITIES</b><br><i>Explain the service/initiative.</i> | <i>Annual Goal</i> | <b>OUTPUT</b><br><i>What the program did.</i><br><b># Served</b><br><b># Services</b> | <i>On Target for the report period? Y/N</i><br><i>If <b>not on target</b>, explain obstacles and if a Plan of Action has been developed.</i> | <b>OUTCOMES</b><br><i>What difference did the service make?</i><br><br><b>EVALUATION</b><br><i>Outcome Measures used.</i> |
|---|--------------------|---|--|---|
| July 1, 2012 – December 31, 2012                            |                    |   |  |   |
| January 1, 2013– June 30, 2013                              |                    |   |  |   |
| End of FY 2013 totals                                       |                    |   |  |   |

# **APPENDIX I**

## **DEFINITIONS**

**Accredited Program** means a domestic violence crisis program which has received Full or Provisional Accreditation from the Virginia Sexual and Domestic Violence Action Alliance, the Virginia statewide coalition of domestic violence programs.

**Administrative advocacy** refers to any attempt to understand and intercede in the rulemaking process on the federal, state, or local level.

**Administrative Work** is non-direct services. Any time, work, or efforts directed at the overall needs of the program including, but not limited to staff supervision, bookkeeping, grant writing, data entry or research.

**Domestic Violence Crisis and Core Services** include but are not limited to:

**24-Hour Crisis Telephone Service (Hotline):** Telephone access to support and crisis counseling and information regarding the program's services to domestic violence survivors and their children on a twenty-four hour basis.

**Children's Services:** Services provided by the Domestic Violence Program that address the safety and immediate service needs of children of victims who are receiving services.

**Coordination of Services:** Work on behalf of victims of domestic violence assuring access to resources that will meet each victim's needs.

**Crisis Counseling and Safety Planning:** Counseling provided by trained volunteers/staff to assess the immediate needs of victims of domestic violence, assist with exploring options to create a course of action to maintain victim safety, and respond to the immediate crisis.

**Emergency Transportation:** Access to a mode of transportation for domestic violence victims and their children as they to leave a violent situation and gain access to a safe location.

**Information and Referral:** To disseminate information regarding community resources and referrals to victims of domestic violence and members of the public to educate and empower the service recipients.

**Legal Advocacy:** Work with and on behalf of victims of domestic violence who are using the legal system to meet their identified needs. Legal advocacy must support and empower victims as they explore their legal options

**Shelter:** Temporary emergency housing, including safe homes, motels and/or a shelter facility.

A **Residential Shelter** is a facility operated by the applicant agency to provide safe accommodations, available 24-hours a day, 7 days a week, for victims of domestic violence and their children who are in danger or in fear of further abuse.

**Supportive Counseling:** Counseling, support, and education provided by an individual trained in domestic violence counseling.

**Volunteer Program:** A system for recruiting, training, and utilizing volunteers in the domestic violence program.

**Established Program** means any program which **CURRENTLY RECEIVES** funding from the Virginia Department of Social Services through domestic violence contracts.

**Finance Officer** is the person who will be responsible for fiscal management of funds,

**New Program** means any program **NOT CURRENTLY** funded by the Department of Social Services.

**Personally Identifying Information** is any information that may be used to identify a particular victim. Such information includes name, date of birth, social security number, and address.

**Prevention Work** is any time, work, or effort done with the goal of domestic violence prevention. This work may include, but is not limited to, public awareness activities, school presentations, developing or distributing literature or participation on community collaboration teams.

**Project** All services, activities and efforts presented in this proposal and funded by VDSS.

**Project Administrator** is the person who has authority to formally commit the not-for-profit organization, locality, or state agency to complying with all the terms of the grant application including the provision of the required cash match. This **must** be the chief executive officer of the applicant organization, the highest elected officer of the locality, or, in the case of a state agency, the agency head. If someone other than one of these officials has been delegated the authority to sign, and signs the grant application, provide a copy of the letter, memorandum or other document by which the signing authority was delegated.

**Project Director** is the person who will have day-to-day responsibility for managing the project

**Services to Underserved Populations** means programs and protocols that make services available to domestic violence victims who are members of underserved populations. Populations may be underserved due to ethnic, racial, cultural, language diversity, or geographic isolation.

**Virginia Department of Social Services** is the issuing agency and the purchaser. Also referred to as VDSS or the Department.

## APPENDIX II

### Virginia Department of Social Services FY 2013 Program Guide for Allowability of Costs

|          |  | Yes = Y, No = N, Restrictions on use = R  |       |                           |   |
|----------|--|---|-------|---------------------------|---|
|          | Budget<br>Line Item                      | VOCA  | FVPSA | STATE<br>General<br>Funds | Allowable for<br>VDSS Domestic<br>Violence<br>Grant?  |
| <b>1</b> | <b>PERSONNEL</b>                         |   |       |                           |   |
|          | Direct Service Staff                     | Y   | Y     | Y                         | Y   |
|          | Direct Service Supervisor                | Y   | Y     | Y                         | Y   |
|          | Administrative & Support Staff           | R   | Y     | Y                         | R   |
|          |  | Only for the<br>portion of time<br>used for program<br>documentation,<br>victim records,<br>required reports<br>and statistics. |       |                           | Only for the<br>portion of time<br>used for program<br>documentation,<br>victim records,<br>required reports<br>and statistics. |
|          | Fundraiser/fund development              | N   | N     | N                         | N   |
|          | Board/Advisory Council members           | N   | N     | N                         | N   |
|          | Stipends/Honorariums                     | N   | N     | Y                         | N   |
|          | Bonuses                                  | N   | N     | N                         | N   |
| <b>2</b> | <b>PAYROLL TAXES &amp; BENEFITS</b>      |   |       |                           |   |
|          | For Personnel as allowed above           | Y   | Y     | Y                         | Y   |
|          | Deferred compensation match              | N   | N     | N                         | N   |
|          | Severance for direct service staff       | Y   | Y     | Y                         | Y   |
| <b>3</b> | <b>BUILDING</b>                          |   |       |                           |   |
|          | <b>Rent/Mortgage</b>                     |   |       |                           |   |
|          | Rent (prorated)                          | Y   | Y     | Y                         | Y   |
|          | Mortgage payments                        | N   | N     | N                         | N   |
|          | <b>Utilities</b>                         |   |       |                           |   |
|          | Gas, electric, water & sewer             | Y   | Y     | Y                         | Y   |
|          | Security Systems                         | Y   | Y     | Y                         | Y   |
|          | <b>Insurance</b>                         |   |       |                           |   |
|          | Building liability                       | N   | N     | Y                         | N   |
|          | Personal property                        | N   | N     | Y                         | N   |
|          | <b>Maintenance and Repairs</b>           |   |       |                           |   |
|          | Building modifications (handicap access) | Y (if owned)  | Y     | Y                         | Y   |
|          | Building improvements                    | N   | Y     | Y                         | N   |
|          | Garbage collection                       | Y   | Y     | Y                         | Y   |
|          | Cleaning service                         | Y   | Y     | Y                         | Y   |
|          | Building repairs                         | Y (if owned)  | Y     | Y                         | Y   |
|          | <b>Household Supplies</b>                |   |       |                           |   |
|          | Cooking utensils/dishware                | Yes, for shelter programs only  |       |                           |   |
|          | Bedding and linens                       | Yes, for shelter programs only  |       |                           |   |
|          | Cleaning supplies                        | Y   | Y     | Y                         | Y   |
|          | Paper products                           | Y   | Y     | Y                         | Y   |

|          |  |  |   |   |   |
|----------|--|--|---|---|---|
|          | First Aid kit and supplies                                 | Y  | Y | Y | Y |
| <b>4</b> | <b>OFFICE AND PROGRAM EXPENSES</b>                         |  |   |   |   |
|          | <b>Printing</b>  |  |   |   |   |
|          | Administrative policies and paperwork (incl Annual Report) | N  | N | Y | N |
|          | Protocols, working agreements                              | N  | Y | Y | Y |
|          | Needs Assessments/surveys/studies                          | N  | Y | Y | N |
|          | Brochures, program literature                              | Y  | Y | Y | Y |
|          | Public presentations materials                             | Y  | Y | Y | Y |
|          | General public awareness on issues                         | N  | Y | Y | Y |
|          | Community education of non-victims                         | N  | Y | Y | Y |
|          | <b>Postage</b>   |  |   |   |   |
|          | Administration related correspondence                      | N  | N | Y | N |
|          | Program and educational materials                          | Y  | Y | Y | Y |
|          | Client correspondence                                      | Y  | Y | Y | Y |
|          | <b>Communications</b>                                      |  |   |   |   |
|          | Phone leases & maintenance fees                            | Y  | Y | Y | Y |
|          | Billing (local long distance, and toll-free)               | Y (direct services)                            | Y | Y | Y |
|          | Voice mail, call waiting                                   | Y  | Y | Y | Y |
|          | Cable or satellite dish                                    | N  | N | Y | N |
|          | Internet service   | Y  | Y | Y | Y |
|          | <b>Program Supplies and Costs</b>                          |  |   |   |   |
|          | Victim food and meals                                      | Y  | Y | Y | Y |
|          | Victims support group food                                 | Y  | Y | Y | Y |
|          | Staff meeting snacks                                       | N  | N | Y | N |
|          | Board meeting foods  | N  | N | Y | N |
|          | Support group supplies                                     | Y  | Y | Y | Y |
|          | Children's activity supplies                               | Y  | Y | Y | Y |
|          | Shelter based family support activities                    | Y  | Y | Y | Y |
|          | Client emergency basic need items                          | Y  | Y | Y | Y |
|          | Client medical costs                                       | N  | N | N | N |
|          | Resource materials, books, videos                          | Y (direct services)                            | Y | Y | Y |
|          | Computer software (separate purchase)                      | Y (direct services)                            | Y | Y | Y |
|          | Subscriptions to newspapers, magazines                     | Y  | Y | Y | Y |
|          | Software development                                       | Y  | Y | Y | N |
|          | <b>Publicity/Advertising</b>                               |  |   |   |   |
|          | Recruitment of staff (grant funded only)                   | Y  | Y | Y | Y |
|          | Recruitment of volunteers                                  | Y  | Y | Y | Y |
|          | Public information and event notices                       | Y (direct services)                            | Y | Y | Y |
|          | Purchase of promotional items                              | N  | Y | Y | Y |
|          | Web page development                                       | N  | Y | Y | Y |
|          | <b>Office Supplies</b>                                     |  |   |   |   |
|          | Paper, pens, folders, toner, etc.                          | Y (direct services)                            | Y | Y | Y |
|          | Business computer software                                 | N  | Y | Y | Y |
|          | <b>Insurance</b>   |  |   |   |   |
|          | Malpractice (professional liability)                       | Y  | Y | Y | Y |
|          | Auto insurance   | Only if vehicle was purchased with grant funds |   |   | R |

|          |   |  |   |   |   |
|----------|---|--|---|---|---|
|          | <b>Equipment maintenance/repair/lease</b>                               |  |   |   |   |
|          | Shelter program equipment   | Y  | Y | Y | Y |
|          | Vehicle   | Only if vehicle was purchased with grant funds |   |   | R |
| <b>5</b> | <b>EQUIPMENT Purchases</b>  |  |   |   |   |
|          | Shelter program equipment (washer, dryer, freezer, refrigerator, stove) | Y  | Y | Y | Y |
|          | Phone Systems (purchase)  | Y  | Y | Y | Y |
|          | Cell phones   | Y  | Y | Y | Y |
|          | Typewriters   | Y  | Y | Y | Y |
|          | Shredders   | Y  | Y | Y | Y |
|          | Copiers   | Y  | Y | Y | Y |
|          | Fax machines  | Y  | Y | Y | Y |
|          | Computers   | R  | R | Y | R |
|          | Overhead and LCD projectors   | Y  | Y | Y | Y |
|          | DVD players   | Y  | Y | Y | Y |
|          | Television  | Y  | Y | Y | Y |
|          | TTY/TDD machines & Braille equipment                                    | Y  | Y | Y | Y |
|          | Filing cabinets   | R  | Y | Y | R |
|          | Desks and Chairs  | R  | Y | Y | R |
|          | Client use sofas, chairs, tables, etc.                                  | Domestic Violence Shelter Programs Only        |   |   |   |
|          | Playground equipment  | Domestic Violence Shelter Programs Only        |   |   |   |
|          | Lighting  | Y  | Y | Y | Y |
|          | Security equipment  | Y  | Y | Y | Y |
|          | Vehicle (prior approval required)                                       | Y  | Y | Y | Y |
| <b>6</b> | <b>CONTRACT SERVICES / CONSULTANTS</b>                                  |  |   |   |   |
|          | Interpreters  | Y  | Y | Y | Y |
|          | Mental health providers   | Y  | Y | Y | Y |
|          | In-service trainer for direct service staff development                 | Y  | Y | Y | Y |
|          | In-service trainer for administration or board service                  | N  | N | N | N |
|          | Bookkeeping/Financial/Auditing  | N  | Y | Y | N |
|          | Administrative services   | N  | Y | Y | N |
|          | Legal services for program  | N  | Y | Y | N |
|          | Animal care for sheltered victims                                       | Y  | Y | Y | Y |
|          | Hotel/Motel safe housing  | Y  | Y | Y | Y |
|          | Family Violence Hotline   | Y  | Y | Y | Y |
| <b>7</b> | <b>TRAVEL , TRANSPORTATION &amp; TRAINING</b>                           |  |   |   |   |
|          | <b>Travel and Transportation</b>  |  |   |   |   |
|          | Direct service work mileage and lodging                                 | Y  | Y | Y | Y |
|          | Administration mileage and lodging                                      | N  | Y | Y | Y |
|          | Transportation for client safety  | Y  | Y | Y | Y |
|          | Bus tickets, tokens, taxi (victim transportation)                       | Y  | Y | Y | Y |
|          | Board/Advisory Council business   | N  | N | Y | N |
|          | Laundry, entertainment, alcohol   | N  | N | N | N |
|          | Direct service work meals   | Y  | Y | Y | Y |
|          | Victim relocation expenses  | N  | N | Y | Y |
|          | Purchase or lease of necessary  | R  | R | N | R |

|          |  |   |   |   |   |
|----------|--|---|---|---|---|
|          | vehicles   |   |   |   |   |
|          | Vehicle insurance  | Y | Y | Y | Y |
|          | Vehicle maintenance/repairs (prorated, if shared)                        | Y | Y | Y | Y |
|          | <b>Training</b> (includes travel, meals, lodging, mileage, registration) |   |   |   |   |
|          | For direct service staff and volunteers                                  | Y | Y | Y | Y |
|          | For administration services  | N | Y | Y | Y |
|          | Direct service training provided to other agencies                       | N | Y | Y | Y |
|          | Crime victim participation in conferences                                | N | Y | Y | Y |
|          | Purchase of books, manuals, DVDs (direct service)                        | Y | Y | Y | Y |
|          | Web-based training   | R | Y | Y | Y |
|          | Food provided at training  | N | Y | N | N |
|          | Salary payment for training participants                                 | N | N | N | N |
| <b>8</b> | <b>Other</b>   |   |   |   |   |
|          | Indirect Costs   | N | N | Y | N |
|          | Memberships to professional organizations                                | Y | Y | Y | Y |
|          | Program relocation expenses  | N | N | R | R |

For further detail about federal funding guidelines, please use the following links:

- Victims of Crime Act (VOCA)  
[http://www.justicia.gobierno.pr/rs\\_template/v2/FonFed/Download/Ref\\_C\\_VOCA.pdf](http://www.justicia.gobierno.pr/rs_template/v2/FonFed/Download/Ref_C_VOCA.pdf)
- Family Violence Prevention and Services Act (FVPSA)  
<http://uscode.house.gov/download/pls/42C110.txt>
- Temporary Assistance to Needy Families (TANF)  
[http://www.whitehouse.gov/omb/assets/omb/fedreg/2005/083105\\_a87.pdf](http://www.whitehouse.gov/omb/assets/omb/fedreg/2005/083105_a87.pdf)

## DOW Survey Questions coinciding with the Protective Factors Framework

| Shelter and Community Survey   | Protective Factors Framework   |
|--|--|
| <b>3) 1. Help meeting basic financial needs</b>  | <b>3. Concrete Support in Times of Need</b>  |
| <i>Responses could range from "I did not want or need this help" to "I got some or all of the help I wanted" to "I wanted this help, but did not get it"</i> | <i>Meeting <b>basic economic needs</b> like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.</i>  |
| <b>3) 3. Help finding safe and affordable housing</b>  | <b>3. Concrete Support in Times of Need</b>  |
| <i>Responses could range from "I did not want or need this help" to "I got some or all of the help I wanted" to "I wanted this help, but did not get it"</i> | <i>Meeting basic economic needs like food, <b>shelter</b>, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.</i>  |
| <b>3) 4. Help addressing my emotional needs</b>  | <b>2. Social Connections</b>   |
| <i>Responses could range from "I did not want or need this help" to "I got some or all of the help I wanted" to "I wanted this help, but did not get it"</i> | <i>Friends, family members, neighbors and community members <b>provide emotional support</b>, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to "give back", an important part of self- esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.</i> |
| <b>3) 5. Help with the impact of the violence on my children</b>   | <b>4. Knowledge of Parenting and Child Development</b>   |
| <i>Responses could range from "I did not want or need this help" to "I got some or all of the help I wanted" to "I wanted this help, but did not get it"</i> | <i>Accurate information about child development and appropriate expectations for <b>children's behavior</b> at every age help parents see their children and youth in a positive light and promote</i>   |

|   |  |  |
|---|--|--|
|   |  | <p><i>their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.</i></p> |
| <p><b>3) 7. Help with the impact of the violence on my relationships with family and friends</b></p>  |  | <p><b>1. Parental Resilience</b></p>   |
| <p><i>Responses could range from "I did not want or need this help" to "I got some or all of the help I wanted" to "I wanted this help, but did not get it"</i></p> |  | <p><i>No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining <b><u>trusting relationships including relationships with your own child</u></b>, and knowing how to seek help when necessary.</i></p>       |
| <p><b>3) 9. Help accessing health care services</b></p>   |  | <p><b>3. Concrete Support in Times of Need</b></p>   |
| <p><i>Responses could range from "I did not want or need this help" to "I got some or all of the help I wanted" to "I wanted this help, but did not get it"</i></p> |  | <p><i>Meeting basic economic needs like food, shelter, clothing and <b><u>health care</u></b> is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.</i></p>  |
| <p><b>5) Because of my experiences in the shelter, I feel:</b></p>  |  | <p><b>1. Parental Resilience</b></p>   |
| <p><i>I am more hopeful about my life</i></p>   |  | <p><i>No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the <b><u>ability to manage and bounce back from all types of challenges that emerge</u></b> in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary.</i></p>       |

## Appendix IV Sample DOW Forms

### Shelter Resident Survey

The information you provide will be shared and used to improve services in your community and across Virginia. Feel free to skip any question you are not comfortable answering.

**1) As of today, how long have you been at the Shelter? (Please check one)**

- Less than a week       More than 1 month but less than 3 months  
 1 week to 1 month       3 months or more

**2) If a friend of mine was thinking of coming here for help, I would: (please check one)**

- Strongly recommend coming here       Recommend NOT coming here  
 Recommend coming here       Strongly recommend NOT coming here

**3) People come to our shelter for many different reasons. Please tell us more about whether or not you got the help you wanted while in Shelter (Please check one in each section below).**

|   |  |
|---|--|
| <b>1. Help meeting basic financial needs</b><br><input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help   | <b>2. Help with immigration concerns</b><br><input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help          |
| <b>3. Help finding safe and affordable housing</b><br><input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help   | <b>4. Help addressing my emotional needs</b><br><input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help      |
| <b>5. Help with the impact of the violence on my children</b><br><input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help                              | <b>6. Help with the legal system/legal issues</b><br><input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help |
| <b>7. Help with the impact of the violence on my relationships with family and friends</b><br><input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help | <b>8. Help with transportation</b><br><input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help                |
| <b>9. Help accessing health care services</b><br><input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help  | <b>10. Help to make some changes in my life</b><br><input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help   |

**4) Is there help you needed that is not included on the list of 10 items above? If yes, please explain.**

Turnover

**5) Because of the services I have received from this program so far, I feel:**

- a. I know more ways to plan for my safety       Yes  No  
 b. I know more about community resources       Yes  No  
 c. I know more about sexual and/or domestic violence and its impact       Yes  No  
 d. I am more hopeful about my life       Yes  No

**6) We try our best to make sure people feel welcomed and respected. Please tell us how we did.**

|  |   |   |
|--|---|---|
| <b>1. Staff made me feel welcome</b><br><input type="checkbox"/> Strongly Agree<br><input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree<br><input type="checkbox"/> Strongly Disagree | <b>2. Staff treated me with respect</b><br><input type="checkbox"/> Strongly Agree<br><input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree<br><input type="checkbox"/> Strongly Disagree | <b>3. Staff respected my background and beliefs</b><br><input type="checkbox"/> Strongly Agree<br><input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree<br><input type="checkbox"/> Strongly Disagree |
|--|---|---|

**7) We try to respectfully meet the needs of different people (for example, needs related to: age, race, ethnicity, sexual orientation, gender, ability or disability, gender identity, educational background, economic status, etc.).**

What do you think that we could do better?

**8) What do you think you would have done if the Shelter did not exist?**

**9) Please describe any difficulties or concerns you had while living at the Shelter.**

**10) Please describe any positive experiences you had while at the Shelter.**

We ask the next few questions to see if different people have different experiences here. This can improve our services. Please skip any question that you worry may identify you.

**1) I am a survivor of (check one):**     Domestic Violence     Sexual Violence     Both Sexual and Domestic Violence

**2) I consider myself to be (check all that apply):**

- African American/Black       Caucasian/White       Hispanic/Latino(a)  
 Asian/Pacific Islander       Native American/Native Alaskan       Other

**3) My age is (check one):**     under 29     30-39     40-49     50-59     60 and over

**4) My gender is (check one):**     Female     Male     Transgender

**5) My sexual orientation is: (check one):**     Heterosexual     Gay/Lesbian     Bisexual     Other

**6) I am a person with a disability (check one):**     Yes     No

**7) I have minor children:**     Yes     No

**Community-Based Services Survey**

The information you provide will be shared and used to improve services in your community and across Virginia. Feel free to skip any question you are not comfortable answering.

1) As of today, how long have you been receiving services? (please check one)

- Less than a week                       More than 1 month but less than 3 months  
 1 week to 1 month                       3 months or more

2) If a friend of mine was thinking of coming here for help, I would: (please check one)

- Strongly recommend coming here                       Recommend NOT coming here  
 Recommend coming here                       Strongly recommend NOT coming here

3) People come to our program for many different reasons. Please tell us more about whether or not you got the help you wanted from the program (Please check one in each section below).

|   |  |
|---|--|
| <p><b>1. Help meeting basic financial needs</b></p> <input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help   | <p><b>2. Help with immigration concerns</b></p> <input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help          |
| <p><b>3. Help finding safe and affordable housing</b></p> <input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help   | <p><b>4. Help addressing my emotional needs</b></p> <input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help      |
| <p><b>5. Help with the impact of the violence on my children</b></p> <input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help                              | <p><b>6. Help with the legal system/legal issues</b></p> <input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help |
| <p><b>7. Help with the impact of the violence on my relationships with family and friends</b></p> <input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help | <p><b>8. Help with transportation</b></p> <input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help                |
| <p><b>9. Help accessing health care services</b></p> <input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help  | <p><b>10. Help to make some changes in my life</b></p> <input type="checkbox"/> I got some or all of the help I wanted<br><input type="checkbox"/> I wanted this help, but did not get it<br><input type="checkbox"/> I did not want or need this help   |

4) Is there help you needed that is not included on the list of 10 items above? If yes, please explain.

Turnover

5) Because of the services I have received from this program so far, I feel:

- a. I know more ways to plan for my safety  Yes  No
- b. I know more about community resources  Yes  No
- c. I know more about sexual and/or domestic violence and its impact  Yes  No
- d. I am more hopeful about my life  Yes  No

6) We try our best to make sure people feel welcomed and respected. Please tell us how we did.

|   |  |  |
|---|--|--|
| 1. Staff made me feel welcome<br><input type="checkbox"/> Strongly Agree<br><input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree<br><input type="checkbox"/> Strongly Disagree | 2. Staff treated me with respect<br><input type="checkbox"/> Strongly Agree<br><input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree<br><input type="checkbox"/> Strongly Disagree | 3. Staff respected my background and beliefs<br><input type="checkbox"/> Strongly Agree<br><input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree<br><input type="checkbox"/> Strongly Disagree |
|---|--|--|

7) We try to respectfully meet the needs of different people (for example, needs related to: age, race, ethnicity, sexual orientation, gender, ability or disability, gender identity, educational background, economic status, etc.).

What do you think that we could do better?

8) What do you think you would have done if these services did not exist?

9) Please describe any difficulties or concerns you have had with our services.

10) Please describe any positive experiences you have had with our services.

-----  
We ask the next few questions to see if different people have different experiences here. This can improve our services. Please skip any question that you worry may identify you.

1) I am a survivor of (check one):  Domestic Violence  Sexual Violence  Both Sexual and Domestic Violence

2) I consider myself to be (check all that apply):

- African American/Black  Caucasian/White  Hispanic/Latino(a)
- Asian/Pacific Islander  Native American/Native Alaskan  Other

3) My age is (check one):  under 29  30-39  40-49  50-59  60 and over

4) My gender is (check one):  Female  Male  Transgender

5) My sexual orientation is: (check one):  Heterosexual  Gay/Lesbian  Bisexual  Other

6) I am a person with a disability (check one):  Yes  No

7) I have minor children:  Yes  No

## **Directions to: Central Regional Office and Conference Rooms**

**Forest Office Park  
1604 Santa Rosa Road  
Richmond, VA 23229**

**804-662-9743 or 662-9751**

The Forest Office Park is easily accessible from I-64 West of the City of Richmond. Free parking is available around the building. A map of the Forest Office Park is attached to these directions for your convenience.

### **From Washington or Petersburg (and points North and South of Richmond)**

Take I-95 to Richmond (DO NOT TAKE I-295, STAY ON I-95). Follow signs for I-64 West towards Charlottesville. Follow I-64 West to Exit 183A (Glenside Drive South and the University of Richmond). Stay in the right hand lane as you merge onto Glenside Drive. Go to the second traffic light turn RIGHT onto FOREST AVENUE and continue approximately 1 mile to the traffic light at DISCOVERY DRIVE (you will cross SKIPWITH ROAD and pass HENRICO DOCTORS' HOSPITAL on the left.) At the traffic light, turn RIGHT onto DISCOVERY DRIVE. DISCOVERY DRIVE turns sharply to the left and becomes SANTA ROSA ROAD. As you make this turn, building 1604 is on your right. There is parking on three sides of the building.

### **From Charlottesville (and points West of Richmond)**

Follow I-64 East to Richmond. Take Exit 183 (Broad St., Glenside Drive). Bear right at the split (250 West) towards the University of Richmond and the hospital. At the traffic light, turn right. Go to the first traffic light turn RIGHT onto FOREST AVENUE and continue approximately 1 mile to the traffic light at DISCOVERY DRIVE (you will cross SKIPWITH ROAD and pass HENRICO DOCTORS' HOSPITAL on the left.) At the traffic light, turn RIGHT onto DISCOVERY DRIVE. DISCOVERY DRIVE turns sharply to the left and becomes SANTA ROSA ROAD. As you make this turn, building 1604 is on your right. There is parking on three sides of the building.

### **From Norfolk (and points East of Richmond)**

Follow I-64 West to Richmond (DO NOT TAKE I-295, STAY ON I-64). Follow signs for I-95 North to Washington and then follow signs for I-64 West to Charlottesville. Follow I-64 West to Exit 183A (Glenside Drive South and the University of Richmond). Stay in the right hand lane as you merge onto Glenside Drive. Go to the second traffic light turn RIGHT onto FOREST AVENUE and continue approximately 1 mile to the traffic light at DISCOVERY DRIVE (you will cross SKIPWITH ROAD and pass HENRICO DOCTORS' HOSPITAL on the left.) At the traffic light, turn RIGHT onto DISCOVERY DRIVE. DISCOVERY DRIVE turns sharply to the left and becomes SANTA ROSA ROAD. As you make this turn, building 1604 is on your right. There is parking on three sides of the building.

# Registration

## Domestic Violence Prevention and Services Grant Optional Pre-proposal Conference

Monday, March 5, 2012  
1604 Santa Rosa Road  
Henrico, VA 23229  
1:00 – 3:00

**Pre-registration for attendance is not required, but appreciated, by 2/29/12**

Name: \_\_\_\_\_

Program: \_\_\_\_\_

Total # Attending: \_\_\_\_\_

Others Attending: \_\_\_\_\_

\_\_\_\_\_

Please print and have with you: the RFP, all attachments and all appendices.  
Copies will not be provided for all attendees at the conference.

Fax registration to:  
Division of Community and Volunteer Services  
Office of Family Violence  
804-726-7088

Or email to:  
nancy.fowler@dss.virginia.gov