

# REQUEST FOR PROPOSAL (RFP)

RFP No.: CVS-15-011  
Issue Date: September 11, 2014  
Title: **Mid-Year Domestic Violence Grant**  
Commodity Code: 95221, 95278  
Location: Statewide  
Initial Contract Period: January 1, 2015 – June 30, 2015  
Proposal Due Date and Time: October 16, 2014 (4:00 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 The Contract Officer: Andrea Hendricks  
Email: [andrea.hendricks@dss.virginia.gov](mailto:andrea.hendricks@dss.virginia.gov) or Phone: (804) 726-7184

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	Phone: (____) _____
E-mail: _____	Fax: (____) _____

An optional pre-proposal conference will be held on September 23, 2014, at the Tuckahoe Library, 1901 Starling Drive, Henrico, VA 23229-4564, from 1:00 P.M. to 3:00 P.M. (see Appendix IV 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.**

**TABLE OF CONTENTS FOR RFP # CVS-15-011**

	<u>PAGE</u>
I. <u>PURPOSE</u>	3
II. <u>BACKGROUND</u>	4
III. <u>STATEMENT OF NEEDS</u>	5
IV. <u>PROPOSAL PREPARATION AND SUBMISSION INSTRUCTIONS</u>	9
V. <u>EVALUATION AND AWARD CRITERIA</u>	14
VI. <u>REPORTING AND DELIVERY INSTRUCTIONS</u>	17
VII. <u>PREPROPOSAL CONFERENCE</u>	18
VIII. <u>GENERAL TERMS AND CONDITIONS</u>	18
IX. <u>SPECIAL TERMS AND CONDITIONS</u>	25
X. <u>METHOD OF PAYMENT</u>	31
XI. <u>ATTACHMENTS</u>	32
A. Domestic Violence Program Information	
B. Additional Applicant Information (B1 – B5)	
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 Form	
G. Application Checklist/Table of Contents	
H. Progress Report Forms	
XII. <u>APPENDIXES</u>	32
I. Definitions	
II. Program Guide for Allowability of Costs	
III. Documenting Our Work Surveys	
IV. Pre-Proposal Conference/Registration Form	

## 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. Through this solicitation for the Mid-Year Domestic Violence Grant, three funding Categories will be supported:

- new and/or not currently funded programs for the provision of comprehensive domestic violence services,
- enhanced services to address emerging trends and needs by currently funded domestic violence programs, and
- one-time expenses to support domestic violence program capacity building.

Projects awarded in the first two categories may be included in a subsequent proposal for the VDSS Domestic Violence Prevention and Services Grant for Fiscal Year 2016.

Applicants may submit only one (1) proposal per agency in response to this RFP, but may select two (2) categories. One proposal for the expansion of services (new programs or established programs) and a request for one-time expenses to help build capacity. Eligible applicants must be incorporated nonprofit organizations or 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. Through this solicitation, funding from multiple streams will be distributed. Each recipient of a sub grant award (Sub Applicant agency) will receive funding for the period from January 1, 2015 through June 30, 2015 from each of the following sources:

<b>Funding Source</b>	<b>Funding Description</b>
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.
TANF	Temporary Assistance for Needy Families (TANF) (CFDA 93.558) is a federal block grant intended to assist low-income families achieve self-sufficiency. The funds are authorized by the General Assembly of Virginia.

## 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.

Over the past decade, several new domestic violence programs have been developed, meeting new or expanded needs of specific communities. With a combination of state and local support, these programs are thriving. During the same period of time, however, multiple domestic violence programs have shut their doors, leaving victims and children without easy access to the crisis and core services. Other programs have lost funding from state or local sources, putting a burden of staff in the face of new demands for services.

These gaps in service are felt by families, advocates, other service providers and the entire system of care, as safety is often the building block upon which other services are based. Even in communities with long-standing services, the needs of families experiencing domestic violence often exceed the capacity of the service providers.

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. Through this competitive process, proposals will be considered from domestic violence programs new to the VDSS funding streams. Proposals will also be considered from currently funded programs wishing to expand their services by adding new program components, targeted outreach to underserved populations or enhanced efforts to meet emerging trends.

### **Trauma Informed Services**

Trauma-informed care (TIC) consists of services provided through a lens of trauma (damage or distress caused to the victim). It requires having a basic understanding of trauma and its impact on survivors, as well as understanding trauma triggers. It also means designing services to acknowledge the impact of violence and trauma on people's lives. Finally, a trauma-informed approach is one that is sensitive and respectful, responds to traumatized survivors with support, and consciously seeks to avoid re-traumatization. It is critically important that trauma-informed services strive to do no harm.

Implementing services that are voluntary, i.e. not requiring clients to participate in certain services in order to receive other services, was required by the Domestic Violence Prevention and Services grant as of January 1, 2014 and is an integral part of providing trauma-informed services. However, trauma-informed care goes beyond voluntary services. Some characteristics of trauma-informed care are: services that

focus on the individual and the context of her or his life experiences; facilitates growth, healing recovery and resilience; emphasizes emotional and physical safety as well as trust; minimizes the power imbalance between survivor and advocate as much as possible, to work in partnership; and is culturally competent and sensitive.

Trauma-informed care for clients who seek domestic violence services is highly recommended under this grant. The Office of Family Violence is committed to supporting programs in their efforts to provide trauma-informed care and will continue to support related training and technical assistance.

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

Applicants are required to demonstrate that the full spectrum of services will be provided to victims of domestic violence and their children. A description of the crisis and core services can be found in the Domestic and Sexual Violence Program Accreditation Manual, available [here](#).

Awards through this solicitation will be made in the following three (3) categories:

#### **A. New and/or Not Currently Funded Programs (Category 1)**

Funding is being made available through the Mid-Year Domestic Violence Grant for programs not currently funded through the VDSS Domestic Violence Prevention and Services. Applicants must present a plan for the provision of a fully comprehensive array of crisis and core services to victims of domestic violence as provided for in the accreditation manual found at the following web address:  
<http://www.vsdvalliance.org/#/member-services>

Funding will support personnel and operational expenses related to the provision of direct domestic violence services. Such expenses may include staff positions and benefits for those who provide direct services, emergency shelter/accommodations, office space, equipment purchase or rental, and office and program supplies, pre-approved contractual services, travel/transportation and training expenses and other expenses necessary in providing services. The base annual grant award is set at \$135,000; therefore, this six-month project minimum is \$67,500.

#### **B. Enhancement of Services - Currently Funded Programs (Category 2)**

Agencies currently funded through the VDSS Domestic Violence Prevention and Services Grant may apply for funding through this RFP to expand their services. This project should complement the crisis and core services being provided through the established grant but must also be distinct in that the project should address emerging trends and needs as defined by the applicant agency. Services should provide for unmet needs or expansion into underserved or un-served areas/populations. All aspects of the current contract must remain in effect. The maximum award for Category 2 projects is \$25,000.

### **C. One-Time Expenses: Capacity Building (Category 3)**

Both new and currently funded agencies may apply for the one-time funding provided through this RFP. This funding may be used for purchases or activities that help to build program capacity to provide services to domestic violence victims.

Some examples are:

- Technology/equipment purchases
- Shelter Repair
- Resource Acquisition
- Staff Development
- Events/Conferences (excluding the purchase of food)

No salaries or benefits will be supported with these funds. The maximum award for Category 3 projects is \$5,000.

### **D. Funding Requirements:**

The federal and state funds available for distribution have numerous obligations. Please note that all Applicant agencies 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 ( <http://vadata.org/> )
3. Provide a budget only for costs and expenses necessary for the performance of grant activities;
4. Ensure that services to victims and their children are:
  - Provided free of charge and regardless of income
  - Provided on a voluntary basis
  - Culturally and linguistically appropriate
  - Accessible and offered to underserved populations
5. Protect the confidentiality of client information;
6. Display Civil Rights/Equal Employee Opportunity information;
7. Prohibit discrimination per Federal regulations;
8. Maintain time and attendance records for all funded staff;
9. Utilize volunteers;
10. Provide match, cash or in-kind: 20% for established programs, 35% for new programs (new to this funding stream); and
11. Register with the System for Award Management (SAM) 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.)

**E. Unallowable services/expenses for 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
9. Purchase of vehicle

Additional restrictions are listed in the Virginia Department of Social Services FY 2015 Program Guide for Allowability of Costs – Appendix II.

**F. Federal Outcome Measures:**

The Family Violence Prevention and Services 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

**G. Statewide Outcome Measures:**

The Office of Family Violence worked with local domestic violence programs and other statewide partners to develop new DV Outcomes for FY 2015. Information gleaned from the DOW can be used to strengthen and inform program practice, policy and research as well as to encourage agency accountability to survivors and their children. Ssug-grantee agencies are required to participate in DOW by distributing and collecting the 2014 updated client feedback forms in order to report on the following outcomes that will be calculated and reported via VAdata.

The first six of the seven new outcomes listed below will be measured with client feedback provided through DOW surveys. The seventh outcome will be measured from agency input into the VAdata Community Engagement Form. This information shall be reported by the sub-grantee agencies to VDSS along with other program specific information. The intent of the outcomes is to measure the impact of domestic violence services on the lives of the clients receiving these services and of the program’s efforts to educate their community on the issue of domestic and sexual violence. The new outcomes and outcome measures are:

1. Survivors of domestic violence know more about domestic violence and its impact.
  - a. % of clients responding to the DOW survey who report that because of services received, they know more about sexual and/or domestic violence and its impact.
2. Survivors of domestic violence know more about the resources in their community available to them.
  - a. % of clients responding to the DOW survey who report that because of services received, they know more about community resources
3. Survivors of domestic violence are safer
  - a. % of clients responding to the DOW survey who report that because of services received, they know more ways to plan for their safety.
4. All survivors receiving services are welcomed and respected.
  - a. % clients responding to the DOW survey who identify as being from an underserved population who also report feeling welcomed and respected.
5. Survivors have power over their lives
  - a. % of clients responding to the DOW survey who report that because of services received, they know how to take their next steps.
  - b. % of clients responding to the DOW survey who report that they could accept or not accept the services offered to them.
6. Children exposed to domestic violence are emotionally healthy
  - a. % of clients with minor children responding to the DOW survey who report that because of services received, their children know that it's okay to talk about their experiences with violence.
  - b. % of clients with minor children responding to the DOW survey who report that because of services received, they feel that their children are having more positive interactions with others.
7. The community knows more about domestic violence
  - a. % of community members attending trainings and presentations who report that they learned new information that will help them identify and respond to sexual and/or domestic violence.

#### **H. 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 local outcome, however, must have a method of evaluation. If the federal and/or statewide outcomes clearly demonstrate the success of services described in the work plan, then they may be used in lieu of, or in addition to local outcome measures.

#### IV. PROPOSAL PREPARATION AND SUBMISSION INSTRUCTIONS

##### A. GENERAL INSTRUCTIONS

1. RFP Response: 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. 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>October 16, 2014</u>	<u>4:00 pm</u>
<i>Name of Applicant</i>	<i>Due Date</i>	<i>Time</i>
_____	<u>CVS-15-011</u>	
<i>Street or Box Number</i>	<i>RFP No.</i>	
_____	<u>Mid-Year Dom. Violence Grant</u>	
<i>City, State, Zip Code</i>	<i>RFP Title</i>	

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

If mailed, 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.

##### 2. 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 that 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 that 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.
3. 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 applicant 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 Applicant Agency Information forms (Attachments B1 – B5)
5. VAdata report: Run and attach the VAdata report titled VDSS Domestic Violence Program for the period July 1, 2013 to June 30, 2014. (Established programs only)
6. **Project Narrative** – Categories 1 and 2 (For instructions on completing Category 3, go to Page 13, No. 7)

- a) **Introduction:** (2 pages for new applicants; 1 page for currently-funded applicants)

**Outline your organization or agency by describing the following:**

- **Agency Description:** Briefly describe the purpose of your agency, the mission statement, the year of establishment, the types of services currently being offered (if a new agency, also provide the number of domestic violence clients served in FY 14).
- **Project summary:** Provide a brief description of your proposed project that includes the target populations/localities to be served and services to be provided.
- **Agency Qualification:** New applicants should describe the agency's experience with similar projects and managing federal/state/local funds, the agency's area of expertise in regard to the proposed activities, and the agency's organizational capability to manage the Mid-Year Domestic Violence Grant. Established programs should explain the expanded services, linking these services to the current contract with an explanation of how it will enhance the work already being done.

**b) Description of Needs/Problem Statement:** (4 pages maximum)

Provide a statement of need for the proposed activities by focusing on the unique characteristics of the community. The statement of need should be limited to needs being addressed in the project goals and objectives.

- Describe the situation to be addressed and why additional or new funding is needed and being requested and as it relates to your agency's purpose and goals
- State the needs of victims and children that will be addressed (not the applicant organization's or agency's needs)
- Include needs of underserved populations in the service area
- Support the needs with local statistical evidence
- Describe the current or proposed relationship/collaboration with stakeholders in the service area regarding domestic violence

**c) Program Goals and Objectives:** (5 pages maximum)

Explain in a clear and succinct manner, the project plan, staff needed for implementation and the specific services to be provided with this funding. Use measurable terms. The project's work plan and budget should support the activities that are described in this section.

**Project goals** should define the overall direction of a program and state what is to be accomplished through this RFP. Goals are measurable statements of the desired accomplishments of the program and typically address changes in actual behaviors, such as decreased victimization, increased community involvement or improved safety and well-being.

**Objectives** are specific measurable statements of the desired immediate or direct outcome of a program, and support the accomplishment of a goal. Well-formulated objectives reflect changes in knowledge, attitudes, skills, and/or behaviors that are the direct result of specific activities.

- Identify at least one objective for each problem or need committed to in the problem statement (objectives are outcomes)
- Describe which best or promising practices are being used in the program
- Work Plans will detail the activities, services and outputs to be performed that will result in a measurable outcome. **Use only the Work Plan attachment (Attachment C.1) to elaborate on what your program will do to meet the objectives, rather than including the information in this section of the narrative.** (Work Plan attachments do not count in the page limitations)

**d) Evaluation:** (2 pages maximum)

Present a plan for determining the degree to which the program objectives (described above) are/will be met that includes:

- Evaluating accomplishment of program objectives
- Evaluating and modifying methods over the course of the program
- Establishing the criteria for success
- Ensuring the agency has capacity to do daily data collection/data entry in VAdata
- How data will be analyzed
- How the DOW surveys will be distributed and collected  
<http://vadata.org/forms.html> (Module #5)

## 7. Project Narrative – Category 3 - One-time Funding Request

- a) Agency Description:** (for programs applying for Category 3 only)  
Briefly describe the purpose of your agency, the mission statement, the year of establishment, the types of services currently being offered (if a new agency, also provide the number of domestic violence clients served in FY 14).
- b) Project:** (For all Category 3 applicants)  
Provide a brief description of the proposed one-time expense with an explanation of how it will assist in building the agency's programmatic capacity, staff that would be supported, and/or initiatives it would strengthen or support.
- c) Program Goals and Objectives:** (For projects that include staff development and/or events/conferences)  
Explain in a clear and succinct manner, the project plan, including the goals and objectives of the planned training and how it will help increase the program capacity.
- d) Evaluation Process:** (For projects that include staff development and/or events/conferences)  
In narrative form provide what method you will use to measure the success of the initiative. How will you know you have met your goals and objectives? How was your capacity increased? A final report must be provided that clearly articulates how the purchase helped to build the program's capacity.

- 8. Work Plans (Attachment C.1).** (For Category 1 and 2 Only) Complete the Activities/Outcomes Work Plan forms to describe the project details. Activities should clearly outline all of the grant funded work to be conducted by the agency staff and volunteers. Copy Attachment C.1 as needed. Instructions for completing the work plan are listed with the attachments. Any and all evaluation tools referenced in the work plan should also be attached.

- 9. Budget (Attachment D.1).** (For all applicants) Complete all pages/sections for each category in the Excel Workbook for outlining the proposed budget. Only expenses that support the activities listed in the Work Plan will be considered. All applicants requesting funding must complete a Budget request. Instructions for completing the Budget are located on the 1<sup>st</sup> tab of the Excel Workbook.

Budget Narrative. The template for the budget narrative is found on the last tab of the Excel budget workbook. Use this to justify all proposed expenditures by explaining the cost, the need for each item, and how the costs were determined. Instructions for the Budget Narrative are also included in the Budget Instructions (Attachment D.1).

#### **10. Additional Attachments**

- a) A letter from the 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. If your agency does not have three months, then a plan of action must be submitted to provide how you will ensure upcoming expenditures will be covered within required time frames.
- b) Cooperative Agreements demonstrating collaboration with other agencies in the community (New programs only).
- c) Organizational chart that clearly shows all existing and proposed positions listed in the budget and work plan.
- d) Job Descriptions and qualifications for each position listed in the budget and work plan.
- e) Signed Authorization / Certifications / Assurances (Attachment E) (New programs only)
- f) Copy of most recent audit or financial statement
- g) W-9 Form (Attachment F) (New programs only)
- h) Certificate of Incorporation from the State Corporation Commission (Non profit/new programs only)
- i) 501(c)3 Certification from the IRS (Non profit/new programs only)
- j) List of Current members of the Board of Directors (non-profit /new programs only)
- k) One complete copy of the RFP must be returned with the original proposal (omit the attachments and appendixes).

### **VIII. 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, and general and specific requirements outlined in this RFP.

Proposals will be evaluated using an adjectival rating method according to the following descriptions:

<b>Rating</b>	<b>Description</b>
<b>Exceptional</b>	Exceeds requirements and/or demonstrates an exceptional understanding of goals and objectives. One or more major strengths exist. No significant weaknesses exist.
<b>Acceptable</b>	Demonstrates an acceptable understanding of goals and objectives of the procurement. There may be strengths and weaknesses, however strengths outweigh the weaknesses.
<b>Marginal</b>	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.
<b>Unacceptable</b>	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.

Plus and minus (i.e. Exceptional -, Acceptable +, Acceptable -, Marginal +, Marginal -) may be used by evaluators to differentiate proposals whose rating for an evaluation criteria fall, for example, within the “acceptable” rating category based on the above description but may be a little stronger or weaker than another proposal receiving an “acceptable” rating.

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

<b>Description of Applicant Agency</b>	<b>Category 1</b>	<b>Category 2</b>	<b>Category 3</b>
a. Applicant agency purpose and mission addresses provision of services to survivors of domestic violence	✓	✓	✓
b. Description of agency history and statistics demonstrate experience and client utilization of services	✓	✓	✓
c. Agency demonstrates organizational capacity to deliver proposed services	✓	✓	
d. Agency demonstrates a connection to other systems and service providers	✓		

<b>Description of Proposed Project</b>	<b>Category 1</b>	<b>Category 2</b>	<b>Category 3</b>
a. Expanded services are linked to the current contract with an explanation of how work will be enhanced		✓	
b. Justification for the project or one-time expense established	✓	✓	✓

c. Proposed services relates to agency's purpose and goals	✓	✓	
d. Proposed expenses assist the agency in building programmatic capacity			✓
e. Proposal gives a clear explanation of how the expense will support individual staff who provide direct services			✓
f. Proposal addresses the needs of the population to be served; i.e. victims, children, underserved or unserved populations and all needs are supported by statistical data	✓	✓	
g. Proposal gives a clear explanation of how the expense will support an agency initiative			✓
h. Proposal demonstrates community collaboration through description of services and cooperative agreements specific to the work plan	✓		
i. A complete work plan identifies activities, outputs and measurable outcomes	✓	✓	

Description of Evaluation Process	Category 1	Category 2	Category3
a. Proposal provides plans for accomplishment of program objectives and goals.	✓	✓	✓
b. Proposal provides methods to evaluate and if, necessary, modify course of action	✓	✓	✓
c. Proposal describes agency capacity to perform daily data entry and ongoing data analysis	✓		
d. Proposal provides agency's protocol/process for completion/collection of DOW surveys	✓		

Description of Budget	Category 1	Category 2	Category3
a. All costs are reasonable, allowable, and support the proposed activities, outputs and outcomes.	✓	✓	✓

b. Budget forms are accurate and complete. Sources of cash and/or 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	✓	✓	✓

Description of Other Requirements	Category 1	Category 2	Category3
a. Concise, complete and realistic	✓	✓	✓
b. Reflects “best or promising practices”	✓	✓	
c. Reflects congruence among all application components	✓	✓	
d. Demonstrates planning in all aspects	✓	✓	✓

**B. AWARD OF CONTRACT**

**AWARD TO MULTIPLE APPLICANTS:** Selection shall be made of two or more 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, the agency shall select the applicant which, in its opinion, has made the best proposal, and shall award the contract to that applicant. The Commonwealth reserves the right to make multiple awards as a result of this solicitation. 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*). Should the Commonwealth determine in writing and in its sole discretion that only one applicant is fully qualified, or that one applicant is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that applicant. The award document will be a contract incorporating by reference all the requirements, terms and conditions of the solicitation and the applicant agency’s proposal as negotiated.

**IX. REPORTING AND DELIVERY REQUIREMENTS**

**PROGRESS REPORTS:** Final Progress Reports: The Sub-grantee agency shall submit a final report on the six (6) month progress of the work plan. 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).

## X. PREPROPOSAL CONFERENCE

**OPTIONAL PREPROPOSAL CONFERENCE:** An optional pre-proposal conference will be held on September 23, 2014. 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 Andrea Hendricks at [andrea.hendricks@dss.virginia.gov](mailto:andrea.hendricks@dss.virginia.gov) for receipt no later than 5:00 p.m., October 9, 2014.

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 *Community Support* and then click on *Grant Opportunities*. Expand the list of *Current* grants and select the *Mid-Year Domestic Violence Grant* Number CVS-15-011).

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

## XI. 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 that 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 applicant agency 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 applicant agency 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 applicant agency agrees as follows:
    - a. The applicant agency 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 applicant agency agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
    - b. The applicant agency, in all solicitations or advertisements for employees placed by or on behalf of the applicant agency, will state that such applicant agency 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 agency 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 applicant agency 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 Applicant agency:
    - a. Invoices for items ordered, delivered and accepted shall be submitted by the applicant agency 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 applicant agency 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, applicant agencies 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 applicant agency, in writing, as to those charges that it considers unreasonable and the basis for the determination. An applicant agency 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 that are not in dispute (*Code of Virginia, § 2.2-4363*).

2. To Subcontractors:

- a. A applicant agency awarded a contract under this solicitation is hereby obligated:
  - (1) To pay the subcontractor(s) within seven (7) days of the applicant agency'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 applicant agency's intention to withhold payment and the reason.
- b. The applicant agency 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 applicant agency 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. An applicant agency'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 applicant agency 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. Any additional goods or services to be provided shall be of a sort that is ancillary to the contract goods or services, or within the same broad product or service categories as were included in the contract award. Any 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 applicant agency. 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 applicant agency shall comply with the notice upon receipt, unless the contractor intends to claim an adjustment to compensation, schedule, or other contractual impact that would be caused by complying with such notice, in which case the contractor shall, in writing, promptly notify the Purchasing Agency of the adjustment to be sought, and before proceeding to comply with the notice, shall await the Purchasing Agency's written decision affirming, modifying, or revoking the prior written notice. If the Purchasing Agency decides to issue a notice that requires an adjustment to compensation, the contractor shall be compensated for any additional costs incurred as the result of such order and shall give the Purchasing Agency 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 applicant agency accounts for the number of units of work performed, subject to VDSS's right to audit the applicant agency's records and/or to determine the correct number of units independently; or
- c. By ordering the applicant agency 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 applicant agency 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 applicant agency 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 applicant agency 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 applicant agency 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.virginia.gov](http://www.eva.virginia.gov)) for a minimum of 10 days.
- R. **DRUG-FREE WORKPLACE:** During the performance of this contract, the applicant agency agrees to (i) provide a drug-free workplace for the applicant agency'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 applicant agency'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 applicant agency that the applicant agency 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 applicant agency, 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 APPLICANT AGENCIES:** 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).
- U. **AUTHORIZATION TO CONDUCT BUSINESS IN THE COMMONWEALTH:** A contractor organized as a stock or nonstock corporation, limited liability company,

business trust, or limited partnership or registered as a registered limited liability partnership shall be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the *Code of Virginia* or as otherwise required by law. Any business entity described above that enters into a contract with a public body pursuant to the *Virginia Public Procurement Act* shall not allow its existence to lapse or its certificate of authority or registration to transact business in the Commonwealth, if so required under Title 13.1 or Title 50, to be revoked or cancelled at any time during the term of the contract. A public body may void any contract with a business entity if the business entity fails to remain in compliance with the provisions of this section.

## XI. 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 audit and reporting requirements defined by the Federal Office of Management and Budget (OMB) circular A-133, "Audits of States, Local Governments and Non-Profit Organizations" as applicable.

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 OMB Circular A-133. A copy of the portion of the audit that affects the program shall be submitted to the Commonwealth of Virginia. The audit report shall be submitted within the earlier of thirty days after receipt of the report by the sub-grantee, or nine months after the end of the audit period. The management letter summarizing audit findings must be submitted with the audit report. If there are no audit findings, a letter indicating no findings shall be submitted. The copy of the portion of the audit findings or letter indicating no findings shall be sent to:

Virginia Department of Social Services  
Office of Family Violence  
801 East Main Street, 15<sup>th</sup> Floor  
Richmond, Virginia 23219-2901

Attention: Nancy Fowler

- B. **AWARD TO MULTIPLE APPLICANTS:** Selection shall be made of two or more 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, the agency shall select the applicant which, in its opinion, has made the best proposal, and shall award the contract to that applicant. The Commonwealth reserves the right to make multiple awards as a result of this solicitation. 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). Should the Commonwealth determine in writing and in its sole discretion that only one applicant is fully qualified, or that one applicant is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that applicant. The award document will be a contract incorporating by reference all the requirements, terms and conditions of the solicitation and the applicant agency's proposal as negotiated.

- C. **CANCELLATION OF CONTRACT:** The purchasing agency reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 60 days written notice to the contractor. 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 contractor of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation.
- D. **CONFIDENTIALITY OF PERSONALLY IDENTIFIABLE INFORMATION:** The applicant agency 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 unless disclosure is required pursuant to court order, subpoena or other regulatory authority, will not be divulged without the individual's and the agency's written consent and only in accordance with federal law or the Code of Virginia. Applicant agencies 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 the Virginia Department of Social Services (VDSS) of any breach or suspected breach in the security of such information. Applicant agencies shall allow the VDSS to both participate in the investigation of incidents and exercise control over decisions regarding external reporting. Applicant agencies and their employees working on this project may be required to sign a confidentiality statement.
- E. **APPLICANT AGENCY AS INDEPENDENT CONTRACTOR:** During the performance of this agreement, the applicant agency shall be regarded as an independent contractor and not as an agent or employee of the Commonwealth of Virginia or the VDSS. The -applicant agency shall be responsible for all its own insurance and federal, state, local and social security taxes.

- F. **APPLICANT AGENCY MONITORING:** The VDSS may monitor and evaluate the applicant agency's performance under the agreement through analysis of required reports, expenditure statements, site visits, interviews with or surveys of relevant agencies/ organizations and individuals having knowledge of the applicant agency's services or operations, audit reports, and other mechanisms deemed appropriate by the VDSS. The applicant agency shall furnish the VDSS on request information regarding payments claimed for services under this contract. All accounting records must be supported by source documentation and retained in order to show for what purpose funds were spent. All such records shall be made available and produced for inspection when required by the VDSS, its authorized agents, and/or Federal personnel.

Should an audit by authorized state or federal officials result in disallowance of amounts previously paid to the -applicant agency, the applicant agency shall reimburse the VDSS upon demand.

Performance under this agreement shall be a primary consideration for extension of this agreement and may be a consideration in future grant awards and negotiations.

- G. **EQUIPMENT:** Equipment purchased under the terms of this agreement shall be limited to equipment indicated in the approved budget incorporated in the contract. The applicant agency shall keep written documentation of any acquisitions purchased and up-date the documentation if additional property or equipment is acquired. The written documentation shall include, but not be limited to: date of acquisition, description of product, serial number, ID number, physical location, cost, and name and phone number of individual using or responsible for the equipment. Equipment purchased under this agreement shall be retained by the -applicant agency during the period of performance of the agreement. 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.

If the VDSS permits the applicant agency to purchase real property or equipment with grant funds, VDSS retains a residual financial interest, enabling the Department to recover the assets or determine final disposition. This will be accomplished on a case-by-case basis, according to the federal grant guidelines applicable to the grant that is funding the service(s).

- H. **FEDERAL AWARD INFORMATION:** Sub-recipient of federal awards must be informed of the Catalog of Federal Domestic Assistance (CFDA) number, grant name and number, grant year and federal awarding agency. The information will become part of the contract.

CFDA Number: 93.671

Federal Grant Name: Family Violence Prevention and Services Act

Federal Grant Award Year: 2014

Federal Grant Number: 1401VAFVPS  
Federal Grant Awarding Agency: US Dept of Health and Human Services

CFDA Number: 16.575  
Federal Grant Name: Victims of Crime Act  
Federal Grant Award Year: 2014  
Federal Grant Number: 2014-VA-GX-0051  
Federal Grant Awarding Agency: US Dept. of Justice

CFDA Number: 93.558  
Federal Grant Name: Temporary Assistance to Needy Families  
Federal Grant Award Year: 2014  
Federal Grant Number: 1402VATANF  
Federal Grant Awarding Agency: US Dept of Health and Human Services

CFDA Number: 93.667  
Federal Grant Name: Social Services Block Grant  
Federal Grant Award Year: 2014  
Federal Grant Number: 1401VASOSR  
Federal Grant Awarding Agency: US Dept of Health and Human Services  
(Distributed as the Virginia Family Violence Prevention Program)

- I. **FISCAL ADMINISTRATION**: These funds are not intended to supplant established resources or to duplicate established funds. It is expected that this source of revenue will encourage and stimulate contributions from other public and private sources.
  1. A contract will be signed between the Virginia Department of Social Services and the local administrator of the applying agency upon granting of a sub-grant award. Upon approval of the contract, the applicant agency will be reimbursed for expenses on a (monthly/quarterly) basis according to the terms of the contract. Therefore, the applicant agency must be prepared to pay expenses as they are incurred and then submit expenditure statements on a monthly or quarterly basis to the Department of Social Services for reimbursement. (See RFP Section X - Method of Payment for instructions on submission of fourth quarter invoices). The applicant agency should allow 30 days from the time expenditure statements are received by the Department until reimbursement is received. If errors are found in the expenditure statements, the 30 days will be from the date errors are corrected.
  2. The applicant will be required to maintain adequate accounting records to support all requests for reimbursement. The applicant agency shall comply with time and effort reporting as required by the Federal Office of Management and Budget (OMB) 2 CFR Part 225 (formerly OMB Circular A-87 Cost Principles for State, Local, and Indian Tribal Governments). All employees paid in whole or in part from grant funds should prepare a

timesheet indicating the hours worked on each specific project for each pay period. Based on these timesheets and hourly payroll cost for each employee, a statement indicating the distribution of payroll charges should be prepared and placed in the appropriate files and shall be made available for inspection when required by the State.

- J. **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.
- K. **OWNERSHIP OF MATERIAL:** Ownership of all data, material 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 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 applicant agency in the performance of its obligations under this contract shall be the exclusive property of the VDSS and all such materials shall be remitted to the VDSS upon completion, termination or cancellation of this contract. The sub-applicant agency shall not use, willingly allow or cause to have such materials used for any purpose other than performance of the applicant agency's obligations under this contract without the prior written consent of the VDSS. Any materials produced under this contract must bear a statement that the project was supported by the VDSS and identify the title of the funding source.

- L. **PRIME SUBAPPLICANT AGENCY RESPONSIBILITIES:** If approval is granted by the VDSS to subcontract any portion of this contract, the applicant agency shall be responsible for completely supervising and directing the work under the 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 agency. The -applicant agency 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.
- M. **SUBCONTRACTS:** No portion of the work shall be subcontracted without prior written consent of the VDSS. In the event that the applicant agency desires to subcontract some part of the work specified herein, the applicant agency shall

furnish the VDSS the names, qualifications and experience of their proposed subcontractor(s). The applicant agency shall, however, remain fully liable and responsible for the work to be done by its subcontractor(s) and shall assure compliance with all requirements of the contract.

- N. **SUPPLANTATION OF FUNDS**: The applicant assures that funds made available under this contract 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.
- O. **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 contracted 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, contract, loan, or loan guarantee. 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.
- P. **SMALL BUSINESS SUBCONTRACTING AND EVIDENCE OF COMPLIANCE**: It is the goal of the Commonwealth that 40% of its purchases be made from small businesses. Where it is practicable for any portion of the awarded contract to be subcontracted to other suppliers, the -applicant agency is encouraged to offer such subcontracting opportunities to DMBE-certified small businesses. This shall not exclude DMBE-certified women-owned and minority-owned businesses when they have received DMBE small business certification. No bidder/applicant agency applicant agency or subcontractor shall be considered a Small Business, a Women-Owned Business or a Minority-Owned Business unless certified as such by the Department of Minority Business Enterprise (DMBE). If small business subcontractors are used, the prime applicant agency agrees to report the use of small business subcontractors by providing the purchasing office at a minimum the following information: name of small business with the DMBE certification number, phone number, total dollar amount subcontracted, category type (small, women-owned, or minority-owned), and type of product/service provided.
- Q. **STATE CORPORATION COMMISSION IDENTIFICATION NUMBER**: Pursuant to Code of Virginia, §2.2-4311.2 subsection B, a bidder or applicant agency applicant agency 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 or applicant agency applicant agency 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 or applicant agency applicant agency is not required to be so authorized. Indicate the above information on the SCC Form provided. Contractor 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 Contractor's statement describing why the bidder or applicant agency applicant agency 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 Contractor as demonstrating compliance.

- R. **E-VERIFY PROGRAM:** EFFECTIVE 12/1/13. Pursuant to *Code of Virginia*, §2.2-4308.2., any employer with more than an average of 50 employees for the previous 12 months entering into a contract in excess of \$50,000 with any agency of the Commonwealth to perform work or provide services pursuant to such contract shall register and participate in the E-Verify program to verify information and work authorization of its newly hired employees performing work pursuant to such public contract. Any such employer who fails to comply with these provisions shall be debarred from contracting with any agency of the Commonwealth for a period up to one year. Such debarment shall cease upon the employer's registration and participation in the E-Verify program. If requested, the employer shall present a copy of their Maintain Company page from E-Verify to prove that they are enrolled in E-Verify.

## X. METHOD OF PAYMENT

COMPENSATION to the applicant agency for delivered services shall be as follows:

- A. The applicant agency 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 applicant agency 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 applicant agency 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 that 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 applicant agencies invoicing on a quarterly basis*) An invoice for June expenditures shall be submitted separately no later than July 16 (*applicable to all applicant agencies*).
- F. If the sub applicant agency 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 applicant agency 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 applicant agency 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 applicant agency 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.

## **XII. ATTACHMENTS**

- A. Domestic Violence Program Information
- B. Additional Applicant Information (B1 through B5)
- 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

## **XIII. APPENDIXES**

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

MID-YEAR DOMESTIC VIOLENCE GRANT

## Domestic Violence Program Information Form Virginia Department of Social Services Request for Proposals Number CVS-15-011

Grant Program:	Mid-Year Domestic Violence Grant		
Applicant:			
Mailing Address:			
Applicant Federal ID Number:			
Applicant DUNS Number:			
Registered with SAMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Program Title:			
Grant Period:	January 1, 2015 – June 30, 2015		
Application Type: (check all applicable boxes)	<input type="checkbox"/> New; <b>OR</b> , <input type="checkbox"/> Established; <input type="checkbox"/> One-Time Only <input type="checkbox"/> Check this block <b>only</b> if the applicant is a DV Program that is currently accredited (fully or provisionally) by Virginia Sexual and Domestic Violence Action Alliance		
	<b>Project Director</b> (managing the grant activities)	<b>Project Administrator</b> (authorized agency/locality administrator)	<b>Finance</b> (overseeing the project budget and invoices)
Name:			
Title:			
Address:			
Phone:			
Fax:			
Email:			
<b>Budget Request:</b>	<b>Total Requested from VDSS</b>	<b>Match</b> (20%-Established or 35%-New)	<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 indentified 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	Specific activities in Work Plan?	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) <b>Please run a VAdata report (identified as VDSS- Domestic Violence Program) for FY 2014 (July 1, 2013 to June 30, 2014) and attach it following this page. (Established Programs Only)</b>			
5) Below, check the boxes of the services currently being provided by your agency as well as those to be funded with these VDSS Funds. Any and all services to be funded through the VDSS grant must be included on your work plan and budget.			
Provided by DVP	To be Funded with These Funds		Statistics for FY 2014
		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/ volunteer hours
		Systems Advocacy	
		Community Education & Public Awareness	# of presentations
		Prevention Activities other than listed above	
		Other	

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

## ADDITIONAL APPLICANT 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 7,*** please provide a brief description of the population served and the funding sources supporting the work:

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

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

10) List the localities served by your agency and the funding received from each for FY 2014:

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

## Total Domestic Violence Program Revenue (DV Funding Only)

SOURCE	FY 2014 (ACTUAL)	FY 2015 (PROJECTED)	COMMENTS
From: Virginia Department of Social Services:			
Domestic Violence Grant			
VOCA Child Abuse Treatment			
Child Abuse Prevention			
<i>Other:</i>			
From: Virginia Department of Criminal Justice Services:			
V-STOP			
Victim/Witness Program			
Domestic/Sexual Violence Victim Fund			
From: Virginia Department of Housing and Community Development (DHCD)			
Virginia Homeless Solutions Program			
Other Funding:			
United Way			
Local government			
Fundraising			
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. Sub-Award Number	
<i>To be completed by Sub-Awardee</i>	
5. Sub-Awardee Legal Name	
6. Data Universal Numbering System (DUNS) number – 9 digits	
7. Are you registered in the Central Contractor Registration (CCR)? If Yes, continue to question 8. If No, please go to question 9.	<input type="checkbox"/> Yes  <input type="checkbox"/> No
8. Is your registration CCR current and active? If Yes, enter expiration date. If No, continue to question 9.	<input type="checkbox"/> Yes Expiration Date: _____  <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, sub-grants, 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, sub-grants, and/or cooperative agreements? If Yes, continue to question 10. If No, please go to question 12.	<input type="checkbox"/> Yes  <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> .) If Yes, please go to question 12. If No, please continue to question 11.	<input type="checkbox"/> Yes  <input type="checkbox"/> No

<p>11. List the names and total compensation of the top five highly compensated officers.  <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: _____  Officer 1 Compensation: _____</p> <p>Officer 2 Name: _____  Officer 2 Compensation: _____</p> <p>Officer 3 Name: _____  Officer 3 Compensation: _____</p> <p>Officer 4 Name: _____  Officer 4 Compensation: _____</p> <p>Officer 5 Name: _____  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:

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

# SAMPLE Work Plan

FROM 1/1/2015 TO 6/30/2015 CONTRACTOR NAME Domestic Violence Agency of the Region CONTRACT # CVS-15-011

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

<b>ACTIVITIES</b> <i>What the service/initiative does.</i>	<b>STAFF RESPONSIBLE</b>	<b>OUTPUT</b> <i>What program produces. Service frequency, participant numbers, begin/end dates.</i>	<b>INTERIM OUTCOMES FOR CHILD, FAMILY OR COMMUNITY</b> <b>Qualitative results</b> from activity. <i>What difference will the service make?</i>	<b>EVALUATION *</b> <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: Victim Advocate Night Mgrs 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 Staff 2 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> <i>What the service/initiative does.</i>	<b>STAFF RESPONSIBLE</b> <i>List position titles</i>	<b>OUTPUT</b> <i>What program produces. Service frequency, participant numbers, begin/end dates.</i>	<b>INTERIM OUTCOMES FOR CHILD, FAMILY OR COMMUNITY</b> <b>Qualitative results</b> from activity. <i>What difference will the service make?</i>	<b>EVALUATION *</b> <i>Qualitative &amp; Quantitative Outcome Measures</i>

## BUDGET INSTRUCTIONS

**Budget Forms:** The Word Document version of the Budget will no longer be used. This RFP requires the Excel version that will automatically calculate all totals for each worksheet. The tabs at the bottom of this worksheet have been labeled and will guide you through each required section. If you were familiar with the Word version of the Itemized Budget, the worksheets within this workbook follow the same format. Instructions for completing each worksheet are below.

**Budget Summary:** The Budget Summary worksheet has formulas included and no entries are needed. Under the Domestic Violence Expansion of Services RFP, you will be asked on this page to place an "X" in no more than two spaces provided at the top of the page to indicate what your budget will address. Begin completing your Budget with the tab titled Salary & Benefits and continue until you have completed all that apply to your application through the tab titled Budget Narrative.

**Salary & Benefits- (for New or Established Services only):** This worksheet details which positions will be funded through this grant. **No staff will be funded through the one-time only request category.**

Grant Period: The grant period for this RFP is for a 6-month period. The grant cycle begins January 1, 2015 and ends June 30, 2015.

Grantee Name: Specify the name of your program.

Staff Positions: Under Staff Positions please list all staff you are requesting to be funded.

Hours Per Week: In the next column list the total number of hours the staff will work per week. (*Ex., a full-time employee will work 40 hours per week.*)

Hours of Staff Time Allocated to this project: Please enter the numbers of hours to be reimbursed through this VDSS grant. (*Ex., the employee may work a total of 40 hours per week, but only devotes 25 hours to the this project. Enter 25 hours in this column.*)

Hours of Staff Time Allocated to this project. This column is new in this RFP and is intended to break out the number of hours each employee will devote to the provision of services specific to this project.

Annual Salary: The column labeled Annual Salary is the gross salary each position will earn working their total hours. (*Ex., if the position works 40 hours per week and their annual salary is \$20,000, you will enter \$20,000.*) Formulas have been included and will automatically populate the Amount Requested from VDSS column.

**Itemized Budget for Employee Benefits:** This section of the worksheet details the benefits offered to employees of your program.

- Staff Position Number: Identify which staff positions you are requesting funding for employee benefits for Domestic Violence Expansion of Services and enter into the first column.

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

- Amount Requested from VDSS: This grant 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.
- Total Amount Requested from VDSS: Sum of the amounts listed.

### Other Expenses 1

Note that these two tabs separate out the expenses for one-time projects from the other two categories. One-time expenses are to be listed in the blue columns.

Line Items: Each section is divided into a category header (bold) and sub categories. Each **bold** line item category automatically calculates the sum of the sub categories. Indicate the amount needed for each sub category.

Ex: **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 - 4.

**Match:** This sheet lists the Matching funds to support the project.

Matching funds are to be listed separately if requesting funds for more than one category of funding.

20% cash or in-kind match from non-federal sources is required from all existing programs. A 35% cash or in-kind match from non-federal sources is required of new programs. Federal funds may never be used as match.

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.

A 35% match can be calculated by dividing the amount of the request by .65 and subtracting the amount requested from the figure obtained. For example, a budget request of \$100,000 would be divided by .70, which equals \$153,846. Then subtract \$100,000 from \$153,846. The difference of \$53,846 is the 35% match.

*Although the Application Budget allows match for each line item, you are not required to have match in every budget category for which you request grant funds.*

*Your agency's accounting system must be able to track the exact matching funds, so it is in your best interest to keep the match as simple as possible.*

**Budget Narrative: Use this worksheet to provide your budget narrative according to your budgets for Established or New Services (green cells), or One-Time Only Request (blue cells). Provide examples of calculations in this sheet.**

Description of Proposed Expenditures: For each line item describe exactly what will be paid for, purchased, or how the grant 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 brochures. The cost per item is .39.

The cost of 500 (brochures) x .39 (each copy) = \$195.00.

**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.**

## BUDGET SUMMARY - DSS FUNDS AND MATCH FUNDS

<b>GRANTEE Name:</b>			
<b>Grant Period</b>			
<b>BUDGET CATEGORY</b>	<b>TOTAL DSS REQUEST</b>	<b>TOTAL MATCH AMOUNT</b>	<b>TOTAL PROJECT BUDGET</b>
SALARIES	\$ -	-	\$ -
EMPLOYEE BENEFITS	\$ -	-	\$ -
BUILDING	\$ -	-	\$ -
OFFICE & PROGRAM	\$ -	-	\$ -
EQUIPMENT	\$ -	-	\$ -
CONTRACT SERVICES / CONSULTANTS	\$ -	-	\$ -
TRAINING, TRAVEL, TRANSPORTATION	\$ -	-	\$ -
OTHER (Total)	\$ -	-	\$ -
<b>TOTALS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\* Awarded funds cannot be used to supplant existing funds.

Please enter data into yellow fields only!

ITEMIZED BUDGET - SALARIES AND EMPLOYEE BENEFITS					
GRANTEE NAME:		0			
Grant Period:		0			
SALARIES (Staff Position)	Hours Per Week	Hours of Staff Time on this project	% of Staff Time on this project	Annual Salary	Amount Requested from VDSS
STAFF POSITION					
1			0%		\$0.00
2			0%		\$0.00
3			0%		\$0.00
4			0%		\$0.00
<b>TOTAL SALARIES Requested from VDSS</b>				\$0.00	\$0.00

Employee Benefits	Staff Position #	Total Annual Cost	Amount Requested from VDSS-% of benefits may not exceed % of Staff Time on this project
FICA			
PENSION/RETIREMENT			
HEALTH INSURANCE			
WORKER'S COMPENSATION			
UNEMPLOYMENT			
OTHER (SPECIFY)			

## ITEMIZED BUDGET - OTHER PROPOSED EXPENSES

Please enter a description on the Budget Narrative Tabs of this Budget Workbook.

GRANTEE Name: 0

Grant Period: 0

LINE ITEM	Amount Requested for Expansion of Services OR New DV Program	Amount Requested for One-Time Only Projects	TOTAL REQUESTED FROM VDSS GRANT
<b>3. BUILDING</b>	\$ -	\$ -	\$ -
Rent			\$ -
Utilities			\$ -
Maintenance			\$ -
Household Supplies			\$ -
<b>4. OFFICE AND PROGRAM</b>	\$ -	\$ -	\$ -
Printing			\$ -
Postage			\$ -
Communications			\$ -
Program Supplies and Costs			\$ -
Publicity/Advertising			\$ -
Office Supplies			\$ -
<b>5. EQUIPMENT</b>	\$ -	\$ -	\$ -
Equipment Purchase			\$ -
Equipment Rental			\$ -
<b>Other Expenses 1 SUB-TOTAL</b>	\$ -	\$ -	\$ -
* Awarded funds cannot be used to supplant existing funds.			

Please enter data into the green or blue fields only!

**ITEMIZED BUDGET - OTHER PROPOSED EXPENSES**

**Please enter a description on the Budget Narrative Tab of this Budget Workbook.**

<b>GRANTEE Name:</b>	0		
<b>Grant Preiod:</b>	0		
<b>LINE ITEM</b>	<b>Amount Requested for Domestic Violence Expansion of Services</b>	<b>Amount Requested for One-Time Only Expenses</b>	<b>TOTAL REQUESTED FROM VDSS GRANT</b>
<b>6. CONTRACT SERVICES/ CONSULTANTS</b>	\$ -	\$ -	\$ -
Family Violence Hotline			\$ -
Interpreters			\$ -
<b>7. TRAVEL, TRANSPORTATION, &amp; TRAINING</b>	\$ -	\$ -	\$ -
Travel			\$ -
Transportation			\$ -
Training			\$ -
<b>8. OTHER TOTAL</b>	\$ -	\$ -	\$ -
Other (specify)			\$ -
Other (specify)			\$ -
Other (specify)			\$ -
<b>Other Expenses 2 SUB-TOTAL</b>	\$ -	\$ -	\$ -
<b>SUB-TOTAL Other Expenses</b>	\$ -	\$ -	\$ -
<b>TOTAL AMOUNT REQUESTED FROM DSS:</b>	\$ -	\$ -	\$ -

Please enter data into the green or blue fields only!

**ITEMIZED BUDGET - MATCH DOCUMENTATION: Expanded or New Services**

<b>GRANTEE NAME:</b>	0				
<b>Grant Period:</b>	0				
<b>BUDGET CATEGORY</b>	<b>BRIEF DESCRIPTION</b>	<b>SOURCE</b>	<b>CASH</b>	<b>IN-KIND VALUE</b>	<b>TOTAL MATCH</b>
Salaries					\$ -
Employee Benefits					\$ -
Building					\$ -
Office and Program					\$ -
Equipment					\$ -
Contract Services & Consultants					\$ -
Training, Travel & Transportation					\$ -
Other (Specify)					\$ -
<b>Total Amounts Supplied by Match</b>					\$ -

## BUDGET NARRATIVE: Mid-Year Domestic Violence Grant

GRANTEE Name: 0

Grant Preiod: 0

**Please provide a COMPLETE description for all expenses listed in the Itemized Budget for each of the line items for New or Enhanced Services (Categories 1 & 2).**

Line Item	Budget Request	Narrative Description for Expanded or New Services
<b>SALARIES</b>		
	\$ -	
<b>BENEFITS</b>		
	\$ -	
<b>BUILDING</b>		
Rent	\$ -	
Utilities	\$ -	
Maintenance	\$ -	
Household Supplies	\$ -	
<b>OFFICE AND PROGRAM</b>		
Printing	\$ -	
Postage	\$ -	
Communications	\$ -	
Program Supplies and Costs	\$ -	
Publicity/Advertising	\$ -	
Office Supplies	\$ -	
<b>EQUIPMENT</b>		
Equipment Purchase	\$ -	
Equipment Rental	\$ -	
<b>CONTRACT SERVICES/ CONSULTANTS</b>		
Family Violence Hotline	\$ -	
Interpreters	\$ -	
<b>TRAVEL, TRANSPORTATION, &amp; TRAINING</b>		
Travel	\$ -	

**BUDGET NARRATIVE: Mid-Year Domestic Violence Grant**

<b>GRANTEE Name:</b>	0
<b>Grant Preiod:</b>	0

**Please provide a COMPLETE description for all expenses listed on the Budget for each of the line items for One-Time Only Expenses (Category 3).**

Line Item	Budget Request	Narrative Description One-Time Only Request
-----------	----------------	---

<b>SALARIES</b>		Unallowable for One-Time Requests
<b>BENEFITS</b>		

<b>BUILDING</b>		
Rent	\$ -	
Utilities	\$ -	
Maintenance	\$ -	
Household Supplies	\$ -	

<b>OFFICE AND PROGRAM</b>		
Printing	\$ -	
Postage	\$ -	
Communications	\$ -	
Program Supplies and Costs	\$ -	
Publicity/Advertising	\$ -	
Office Supplies	\$ -	

<b>EQUIPMENT</b>		
Equipment Purchase	\$ -	
Equipment Rental	\$ -	

<b>CONTRACT SERVICES/ CONSULTANTS</b>		
Family Violence Hotline	\$ -	
Interpreters	\$ -	

<b>TRAVEL, TRANSPORTATION, &amp; TRAINING</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.

**LGBTQ Access to Services –Anti-Harassment/Anti-Bullying Policy in place by 7/1/15**

- \_\_\_\_\_ 4. I certify that \_\_\_\_\_ (program name) must have policy in place by July 1, 2015 to address accessibility, to add prevention strategies for discrimination, bullying or harassment against LGBTQ individuals, as well as system for how to respond to complaints made by LGBTQ individuals.
- \_\_\_\_\_ I certify that \_\_\_\_\_ (program name) must have training on improving access for LGBTQ individuals, provided by the Office of Family Violence, by July 1, 2015.
- \_\_\_\_\_ I certify that \_\_\_\_\_ (program name) must be committed to improving accessibility for LGBTQ individuals at the beginning of the grant year July 1, 2015.

**No Fee Assurance**

- \_\_\_\_\_ 5. On behalf of \_\_\_\_\_ (Agency Name), I certify that fees are not charged for any services to victims of domestic violence.

**Authorization to Sign Invoices**

- \_\_\_\_\_ 6. I authorize the following people to sign and submit Invoices that reflect grant expenses to VDSS for payment:

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

**Agreement with Terms and Conditions**

- \_\_\_\_\_ 7. 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 Applicant, \_\_\_\_\_ :  
(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 applicant 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 applicant'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 applicant'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 applicant agency 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 applicant agency'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 applicant agency'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 applicant agency 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)

---



---



---

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 established 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

Attachment E

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.

---

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

---

TITLE

---

APPLICANT ORGANIZATION

---

DATE SUBMITTED

**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**  
**Substitute Form W-9**

Name Used for IRS Filings: \_\_\_\_\_  
(Enter First and Last Name of Business Owner if using SSN or filing as a Disregarded LLC)

Trade Name, if different from above: \_\_\_\_\_  
(This name will be used for orders and payments)

IRS 1099 Form Mailing Address: \_\_\_\_\_ Payment Address, if different from 1099 Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DUNS #: \_\_\_\_\_

DUNS #: \_\_\_\_\_

Select One  Individual (SSN Required)  Sole Proprietor (SSN or EIN)  Corporation  Limited Partnership  Partnership  
IRS Filing Status  Trust  Estate  Non-Profit Organization  Government Entity  
 Limited Liability Company (LLC)  Other  
Filing As: Disregarded \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Enter Filing Status: \_\_\_\_\_

Select if Tax Exempt  501(c)(3) Tax-Exempt  501(a) Tax Exempt (Association, Club, Religious, Charitable, Educational, etc.)

Contact Information:  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**PART I TAXPAYER IDENTIFICATION NUMBER (TIN)**

Enter your TIN in the appropriate box.  
For **individuals**, this is your social security number (SSN).  
For Resident Alien SSN or ITIN if you do not have an SSN.  
Sole Proprietors may use the owner's SSN or EIN  
LLC filing as a disregarded entity may use the owner's SSN or EIN  
**For other entities**, it is your employer identification number (EIN)

Choose TIN Type:

SSN  EIN

Enter Tax ID Number (SSN or EIN):

If you do not have a TIN number go to [www.irs.gov](http://www.irs.gov) for information.

**PART II CERTIFICATION**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien)

**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Signature:  Date:

**Application Checklist/ Table of Contents**

Description	Page Number(s)	Category 1	Category 2	Category 3
Cover Sheet	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addenda, if any.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application Checklist / Table of Contents (Attachment G, this page)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Domestic Violence Program Info Form (Attachment A)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Applicant Information Sheets (Attachment B, 5 pages)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VAdata Report - VDSS Domestic Violence Program 7/1/13-6/30/14			<input type="checkbox"/>	
Project Narrative Category 1 & 2		<input type="checkbox"/>	<input type="checkbox"/>	
Project Narrative Category 3				<input type="checkbox"/>
Work Plans (Attachment C.1)		<input type="checkbox"/>	<input type="checkbox"/>	
Budget Forms (Attachment D.1, 7pages including Budget Narrative)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal Letter		<input type="checkbox"/>	<input type="checkbox"/>	
Cooperative Agreements		<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"/>	
Signed Authorizations, Certifications and Assurances (Attachment E, 7 pages)		<input type="checkbox"/>		
Copy of Most Recent Audit		<input type="checkbox"/>	<input type="checkbox"/>	
W-9 Form (Attachment F. 1 page) (new programs only)		<input type="checkbox"/>		<input type="checkbox"/>
Certificate of Incorporation from the State Corporation Commission (new non-profit applicants only)		<input type="checkbox"/>		<input type="checkbox"/>
501©3 Certification from the IRS (new non-profit applicants only)		<input type="checkbox"/>		<input type="checkbox"/>
List of Current Board Members (new non-profit applicants only)		<input type="checkbox"/>		<input type="checkbox"/>
One complete copy of the RFP (pages 1-33) Attached to the Original only		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One original, 5 copies and 1 electronic copy on a CD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Final Progress Report – Cover Page – Category 1 and 2

### Mid-Year Domestic Violence Funding FY 2015

Program Name:			Contract Number:		
Administrator's Name:			E-mail Address:		
<b>Check One:</b>	<input type="checkbox"/>	<b>1/1/15-6/30/15 Final Report- Category 1</b>	<input type="checkbox"/>	<b>1/1/15-6/30/15 Final Report-Category 2</b>	
<b>Report Due Date:</b>	<b>July 31, 2015</b>				
Person Completing Report:					
Telephone Number:			E-mail Address:		
<b>New address? Please tell us here:</b>			<b>Staff changes? Please provide name, position &amp; if new hire or resignation.</b>		
<b>Total Number of Volunteers Utilized for Reporting Period</b>	<b># of volunteers?</b>			<b># of volunteer hours?</b>	

#### Report instructions:

- A. On [page 2](#), provide information for each activity outlined in your approved Work Plan (use the chart below). Copy and fill in the chart for each High Level Outcome.
- B. On [page 3](#), provide program progress.
- C. On [page 4](#), provide particulars for two case studies reflecting the services provided to a victim of domestic violence provided through this grant.
  - 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. For that underserved population, describe the unique needs.
  - 2) Include at least four (4) services provided by program staff to assist the victim.
  - 3) Write from a third person perspective.
  - 4) Include titles of staff that provided services. (Only include staff supported by the Mid-Year Domestic Violence Grant.)
  - 5) **Please be mindful of confidentiality requirements and do not give any personally identifying information about the individuals served.**
- D. On [page 4](#) in the Celebrations section– Please share any information about exciting, innovative services you have developed, successful fundraisers, new supporters, etc.
- E. Attach a copy of the VAdata report entitled VDSS - Domestic Violence Program Report for the reporting period.

## Final Progress Report – Mid-Year Domestic Violence Funding FY 2015

HIGH LEVEL OUTCOME:				
ACTIVITIES: <i>Explain the service/initiative.</i>	<i>Annual Goal</i>	OUTPUT <i>What the program did.</i> <b># Served</b> <b># Services</b>	Were project goals met? Y/N <i>If not , why? If project will continue in FY 2016, please give a plan of action for better outcomes.</i>	Results of Outcome evaluation: <i>If not using statewide measures, please indicate local measure, such as surveys, tracking data, etc.</i> <b>Please note:</b> Outcome data obtained for the first reporting period will be incomplete due to the lag in entry of DOW surveys. Results from the second report will be considered complete.

# Mid-Year Domestic Violence Grant Progress Report FY 2015- Services provided to victims

<p><b>Please provide a detailed explanation of what your program was able to achieve with the Mid-Year Domestic Violence Grant Funding.</b></p>	
<p><b>What were the barriers you encountered in achieving all projected goals?</b></p>	
<p><b>What strategies did you use to break through those barriers?</b></p>	

# Mid-Year Domestic Violence Grant Progress Report FY 2015- Services provided to victims

<b>Case study 1</b>	
<b>Case study 2 (underserved population)</b>	
<b>Celebrations!!!</b>	

## Final Progress Report – Cover Page - Category 3 Mid-Year Domestic Violence Funding FY 2015

Program Name:		Contract Number:	
Administrator's Name:		E-mail Address:	
<b>Report Due Date:</b>	<b>July 31, 2015</b>		
Person Completing Report:			
Telephone Number:		E-mail Address:	
<b>New mailing address? Please tell us here:</b>		<b>Staff changes? Please provide name, position &amp; if new hire or resignation.</b>	
<b>Total Number of Volunteers Utilized for Reporting Period</b>	<b># of volunteers?</b>		<b># of volunteer hours?</b>

**Report instructions:**

- A.** On **page 2**, if applicable, provide information for each activity outlined in your approved Work Plan (use the chart below). Copy and fill in the chart for each High Level Outcome.
- B.** On **page 3**, provide program progress.

## Final Progress Report – Category 3 Mid-Year Domestic Violence Funding FY 2015

HIGH LEVEL OUTCOME:				
ACTIVITIES: <i>Explain the service/initiative.</i>	<i>Annual Goal</i>	OUTPUT <i>What the program did.</i> <b># Served</b> <b># Services</b>	Were project goals met? Y/N <i>If not , why? If project will continue in FY 2016, please give a plan of action for better outcomes.</i>	Results of Outcome evaluation: <i>If not using statewide measures, please indicate local measure, such as surveys, tracking data, etc.</i> <b>Please note:</b> Outcome data obtained for the first reporting period will be incomplete due to the lag in entry of DOW surveys. Results from the second report will be considered complete.

**Final Progress Report – Category 3  
Mid-Year Domestic Violence Funding FY 2015**

<p><b>Please provide a detailed explanation of how your program capacity has improved since implementation of the Mid-Year Domestic Violence Grant funds. Include # trained, improvements in staff/community knowledge, etc.</b></p>	
<p><b>Did you experience any barriers in achieving all projected goals?</b></p>	
<p><b>What strategies did you use to break through those barriers?</b></p>	

# **APPENDIX I**

## **DEFINITIONS**

**Accredited Program** means a domestic violence crisis program that 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 any time, work, or efforts directed at the overall needs of the program including, but not limited to fundraising, bookkeeping, grant writing, or research.

**Community Collaboration** is a working practice whereby community service providers work together for a common purpose to achieve optimal outcomes for victims of domestic violence. ...

**Direct Services** is assistance given to any victim of domestic violence as provided through crisis and core services.

**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 that **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,

**In-kind Match** is a specified amount of non-cash contributions (assigned a dollar value) designated for the funded grant award amount. An example of in-kind match is unpaid volunteer time that has been assigned a dollar value, based on the agency or market value of the services in your community.

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

**Match** is the amount of funding provided by the applicant needed to draw down an award for most federal grants. Match may be provided by either cash or in-kind donations.

**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/in-kind 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 2015 Program Guide for Allowability of Costs

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

Yes = Y, No = N, Restrictions on use = R						
Budget Line Item	VOCA	FVP SA	TANF	VF VP P	Allowable for VDSS Domestic Violence Grant?	
Bedding and linens	Yes, for shelter programs only					
Cleaning supplies	Y	Y	Y	Y	Y	
Paper products	Y	Y	Y	Y	Y	
First Aid kit and supplies	Y	Y	Y	Y	Y	
<b>4 OFFICE AND PROGRAM EXPENSES</b>						
<b>Printing</b>						
Administrative policies and paperwork (incl Annual Report)	N	N	N	Y	Y	
Protocols, working agreements	N	Y	N	Y	Y	
Needs Assessments/surveys/studies	N	Y	N	Y	Y	
Brochures, program literature	Y	Y	Y	Y	Y	
Public presentations materials	Y	Y	Y	Y	Y	
General public awareness on issues	N	Y	N	Y	Y	
Community education of non-victims	N	Y	N	Y	Y	
<b>Postage</b>						
Administration related correspondence	N	N	N	Y	Y	
Program and educational materials	Y	Y	Y	Y	Y	
Client correspondence	Y	Y	Y	Y	Y	
<b>Communications</b>						
Phone leases & maintenance fees	Y	Y	Y	Y	Y	
Billing (local long distance, and toll-free)	Y (direct services)	Y	Y	Y	Y	
Voice mail, call waiting	Y	Y	Y	Y	Y	
Cable or satellite dish	N	N	N	Y	Y	
Internet service	Y	Y	Y	Y	Y	
<b>Program Supplies and Costs</b>						
Victim food and meals	Y	Y	Y	Y	Y	
Victims support group food	N	Y	Y	Y	Y	
Staff meeting snacks	N	N	N	Y	N	
Board meeting foods	N	N	N	Y	N	
Support group supplies	Y	Y	Y	Y	Y	
Children's activity supplies	Y	Y	Y	Y	Y	
Shelter based family support activities	Y	Y	Y	Y	Y	
Client emergency basic need items	Y	Y	Y	Y	Y	
Client medical costs	N	N	N	N	N	
Client cash assistance	N	N	N	N	N	
Gift Cards	N	N	N	N	N	
Resource materials, books, videos	Y (direct services)	Y	Y	Y	Y	
Computer software (separate purchase)	Y (direct services)	Y	Y	Y	Y	

Yes = Y, No = N, Restrictions on use = R						
Budget Line Item	VOCA	FVP SA	TANF	VF VP P	Allowable for VDSS Domestic Violence Grant?	
Subscriptions to newspapers, magazines	Y	Y	Y	Y	Y	
Software development	Y	Y	N	Y	Y	
<b>Publicity/Advertising</b>						
Recruitment of staff (grant funded only)	Y	Y	Y	Y	Y	
Recruitment of volunteers	Y	Y	Y	Y	Y	
Public information and event notices	Y (direct services)	Y	Y	Y	Y	
Purchase of promotional items	N	Y	N	N	N	
Web page development	N	Y	Y	Y	Y	
<b>Office Supplies</b>						
Paper, pens, folders, toner, etc.	Y (direct services)	Y	Y	Y	Y	
Business computer software	N	Y	Y	Y	Y	
<b>Insurance</b>						
Malpractice (professional liability)	Y	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	Y	
Vehicle	Only if vehicle was purchased with grant funds				R	
<b>5 EQUIPMENT Purchases</b>						
Shelter program equipment (washer, dryer, freezer, refrigerator, stove)	Y	Y	Y	Y	Y	
Phone Systems (purchase)	Y	Y	Y	Y	Y	
Cell phones	Y	Y	Y	Y	Y	
Typewriters	Y	Y	Y	Y	Y	
Shredders	Y	Y	Y	Y	Y	
Copiers	Y	Y	Y	Y	Y	
Fax machines	Y	Y	Y	Y	Y	
Computers	R	R	R	Y	R Only for grant-funded staff @ their % on grant	
Overhead and LCD projectors	Y	Y	Y	Y	Y	
DVD players	Y	Y	Y	Y	Y	
Television	Y	Y	Y	Y	Y	
TTY/TDD machines & Braille equipment	Y	Y	Y	Y	Y	
Filing cabinets	R	Y	Y	Y	R-	
Desks and Chairs	R	Y	Y	Y	R-Only for grant-funded staff @ their % on grant.	
Client use sofas, chairs, tables, etc.	Domestic Violence Shelter Programs Only					
Playground equipment	Domestic Violence Shelter Programs Only					
Lighting	Y	Y	Y	Y	Y	

Yes = Y, No = N, Restrictions on use = R						
Budget Line Item	VOCA	FVP SA	TANF	VF VP P	Allowable for VDSS Domestic Violence Grant?	
Security equipment	Y	Y	Y	Y	Y	
Vehicle	Y	Y	R	Y	N	
<b>6 CONTRACT SERVICES / CONSULTANTS</b>						
Interpreters	Y	Y	Y	Y	Y	
Mental health providers	Y	Y	Y	Y	Y	
In-service trainer for direct service staff development	Y	Y	Y	Y	Y	
In-service trainer for administration or board service	N	N	N	N	Y	
Bookkeeping/Financial/Auditing	N	Y	Y	Y	N	
Administrative services	N	Y	N	Y	N	
Legal services for program	N	Y	Y	Y	N	
Animal care for sheltered victims	Y	Y	N	Y	Y	
Hotel/Motel safe housing	Y	Y	Y	Y	Y	
Family Violence Hotline	Y	Y	Y	Y	Y	
<b>7 TRAVEL , TRANSPORTATION &amp; TRAINING</b>						
<b>Travel and Transportation</b>						
Direct service work mileage and lodging	Y	Y	Y	Y	Y	
Administration mileage and lodging	N	Y	Y	Y	Y	
Transportation for client safety	Y	Y	Y	Y	Y	
Bus tickets, tokens, taxi (victim transportation)	Y	Y	Y	Y	Y	
Board/Advisory Council business	N	N	N	Y	Y	
Laundry, entertainment, alcohol	N	N	N	N	N	
Direct service work meals	Y	Y	R	Y	Y	
Victim relocation expenses	N	N	N	Y	Y	
Purchase or lease of necessary vehicles	R	R	R	N	R	
Vehicle insurance	Y	Y	Y	Y	Y	
Vehicle maintenance/repairs (prorated, if shared)	Y	Y	Y	Y	Y	
<b>Training</b> (includes travel, meals, lodging, mileage, registration)						
For direct service staff and volunteers	Y	Y	Y	Y	Y	
For administration services	N	Y	N	Y	Y	
Direct service training provided to other agencies	N	Y	N	Y	Y	
Crime victim participation in conferences	N	Y	N	Y	Y	
Conference Planning	N	Y	N	Y	R	
Purchase of books, manuals, DVDs (direct service)	Y	Y	Y	Y	Y	
Web-based training	R	Y	Y	Y	Y	

Yes = Y, No = N, Restrictions on use = R						
Budget Line Item	VOCA	FVP SA	TANF	VF VP P	Allowable for VDSS Domestic Violence Grant?	
Food provided at training	Y	Y	Y	Y	Y	
Salary payment for training participants	N	N	N	N	N	
<b>8 Other</b>						
Indirect Costs	N	N	Y	Y	N	
Memberships to professional organizations	Y	Y	Y	Y	Y	
Program relocation expenses	N	N	N	R	R	
Fees for Accreditation	Y	Y	Y	Y	Y	

### 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).

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

4) Because of the services received from this program so far:

- 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  
 e. I know how to take my next steps  Yes  No  
 f. I feel that my children know that it's okay to talk about their experiences with violence  Yes  No  
 g. I feel that my children are having more positive interactions with others  Yes  No  
 h. Staff made me feel that I could accept or not accept the services offered to me  Yes  No

Turnover

5) 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> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree  If you did not feel welcomed, please tell us about your concerns.	<b>2. Staff treated me with respect</b> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree  If you did not feel respected, please tell us about your concerns.	<b>3. Staff respected my background and beliefs</b> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree  If you did not feel your background and beliefs were respected, please tell us about your concerns.
---	---	--

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

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

8) 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/Straight     Gay/Lesbian/ Bisexual/Queer     Other
- 6) I am a person with a disability (check one):  Yes     No
- 7) I have minor children:  Yes     No

January 2014

**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).

<p><b>1. Help meeting basic financial needs</b></p> <input type="checkbox"/> I got some or all of the help I wanted <input type="checkbox"/> I wanted this help, but did not get it <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 <input type="checkbox"/> I wanted this help, but did not get it <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 <input type="checkbox"/> I wanted this help, but did not get it <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 <input type="checkbox"/> I wanted this help, but did not get it <input type="checkbox"/> I did not want or need this help
<p><b>5. Help with the legal system/legal issues</b></p> <input type="checkbox"/> I got some or all of the help I wanted <input type="checkbox"/> I wanted this help, but did not get it <input type="checkbox"/> I did not want or need this help	<p><b>6. 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 <input type="checkbox"/> I wanted this help, but did not get it <input type="checkbox"/> I did not want or need this help
<p><b>7. Help with transportation</b></p> <input type="checkbox"/> I got some or all of the help I wanted <input type="checkbox"/> I wanted this help, but did not get it <input type="checkbox"/> I did not want or need this help	<p><b>8. Help accessing health care services</b></p> <input type="checkbox"/> I got some or all of the help I wanted <input type="checkbox"/> I wanted this help, but did not get it <input type="checkbox"/> I did not want or need this help

4) Because of the services I have received from this program so far:

- |  |  |
|--|--|
| a. I know more ways to plan for my safety  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. I know more about community resources   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. I know more about sexual and/or domestic violence and its impact                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. I am more hopeful about my life   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. I know how to take my next steps  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. I feel that my children know that it's okay to talk about their experiences with violence | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. I feel that my children are having more positive interactions with others                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Staff made me feel that I could accept or not accept the services offered to me           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

<p><b>1. Staff made me feel welcome</b></p> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<p><b>2. Staff treated me with respect</b></p> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<p><b>3. Staff respected my background and beliefs</b></p> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
<p>If you did not feel welcomed, please tell us about your concerns.</p>	<p>If you did not feel respected, please tell us about your concerns.</p>	<p>If you did not feel your background and beliefs were respected, please tell us about your concerns.</p>

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

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

8) 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/Straight     Gay/Lesbian/ Bisexual/Queer     Other
- 6) I am a person with a disability (check one):  Yes     No
- 7) I have minor children:  Yes     No

Turnover

January 2014

# Optional Pre-Application Conference

## Tuckahoe Library

1901 Starling Dr.  
Henrico, VA 23229-4564  
(804) 290-9100

### Registration Form

#### Mid-Year Domestic Violence Grant

**Tuesday, September 23, 2014**  
**1901 Starling Drive**  
**Henrico, VA 23229**  
**1:00 – 3:00**

**Registration for attendance is not required, but appreciated, by 9/19/14**

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.

Email Registration to:  
[deborah.tomlinson@dss.virginia.gov](mailto:deborah.tomlinson@dss.virginia.gov)