



# DENVER VALE FY 2024 GRANT APPLICATION

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**FY2023 APPLICATIONS ARE DUE **SEPTEMBER 15<sup>th</sup>, 2023 by 4 P.M.****

Email one (1) copy of the completed application to [valebd@denverda.org](mailto:valebd@denverda.org). Mail two (2) original applications with one (1) set of required attachments to:

Denver VALE  
Attn: VALE Administrator  
201 W Colfax Ave, 8<sup>th</sup> Floor  
Denver, CO 80202

\* Only electronic signatures will be accepted on the emailed copy of the completed application. Electronic signatures are preferred on the printed, mailed copies; however, wet signatures will be accepted.

## SECTION I - APPLICANT INFORMATION

### APPLICANT AGENCY

Agency Name			
Project Title			
Street Address			
City	Zip		
Phone #	Fax #		
Website			

### PROJECT DIRECTOR

Project Director			
Position/Title			
Phone #	Fax #		
E-mail			

### FINANCIAL OFFICER

Financial Officer			
Position/Title			
Phone #	Fax #		
E-mail			

### AGENCY DIRECTOR

Agency Director			
Position/Title			
Phone #	Fax #		
E-mail			

### AMOUNT REQUESTED\*

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*\* Funding requests are limited to no more than \$45,000 per project.*

<b>TYPE OF FUNDING</b>	<input type="checkbox"/>	Victim Services
	<input type="checkbox"/>	Law Enforcement
	<input type="checkbox"/>	Other (Equipment):

### TYPE OF AGENCY

Nonprofit Status:

YES    
  NO    
  IN PROGRESS

Tax ID Number (if applicable):

Law Enforcement:

AGENCY DESCRIPTION (Required for ALL applicants) *Limit 400 words.*

## SECTION II – PROJECT CONCEPT/DESIGN

### 1) STATEMENT OF NEED

Describe the nature and scope of the problem within the 2<sup>nd</sup> Judicial District that the project will address. Include supporting data from the last 3 years. (*Limit 900 words.*)





## 2) PROJECT DESIGN

A) In a narrative format, explain the project and the services that **2<sup>nd</sup> JD VALE** funds will support. Outline the grant-funded services to be provided to victims of crime that address the need identified in the Statement of Need. Include a timeline with information on project milestones that indicates when the tasks associated with the goals and objectives are completed. Be specific as to how your agency plans to allocate the VALE funds (victim services, equipment, etc.) and how it will enhance victim services throughout Denver. *(Limit 900 words)*







B) Management Narrative – Describe the management structure for this project. Provide the name and position of the specific person or persons responsible for 1) daily operations and 2) expenditure of grant funds. Please explain the role of the project director listed on page 1 if they are not responsible for daily operations. (*Limit 300 words.*)

### 3) GOALS & OBJECTIVES

Identify and describe the project’s goals and objectives. The objectives must be *measurable and specific*. Failure to include measurable objectives, outcomes, method of measurement and timeframes for each goal may result in the disqualification of the application.

#### GOAL 1:

#### OBJECTIVE 1.1:

Anticipated Outcome:

Measurement:

Timeframe:

**OBJECTIVE 1.2:**

Anticipated Outcome:

Measurement:

Timeframe:

**OBJECTIVE 1.3:**

Anticipated Outcome:

Measurement:

Timeframe:

**GOAL 2:**

**OBJECTIVE 2.1:**

Anticipated Outcome:

Measurement:

Timeframe:

**OBJECTIVE 2.2:**

Anticipated Outcome:

Measurement:

Timeframe:

**OBJECTIVE 2.3:**

Anticipated Outcome:

Measurement:

Timeframe:

**GOAL 3:**

**OBJECTIVE 3.1:**

Anticipated Outcome:

Measurement:

Timeframe:

**OBJECTIVE 3.2:**

Anticipated Outcome:

Measurement:

Timeframe:

**OBJECTIVE 3.3:**

Anticipated Outcome:

Measurement:

Timeframe:

**GOAL 4:**

**OBJECTIVE 4.1:**

Anticipated Outcome:

Measurement:

Timeframe:

**OBJECTIVE 4.2:**

Anticipated Outcome:

Measurement:

Timeframe:

**OBJECTIVE 4.3:**

Anticipated Outcome:

Measurement:

Timeframe:

Describe anticipated challenges for this project and how they will be addressed.

#### 4) PERFORMANCE MEASURES

A) Process Evaluation – Describe how you will determine the degree to which program activities are being implemented and delivered as planned, and producing the desired outputs. Provide information on how the data will be collected. (See application instructions for more direction and examples.) **Limit 300 words.**

B) Outcome Evaluation – How will the project be evaluated for success? Describe how you will measure the program results and determine whether intended outcomes were achieved. (See application instructions for more direction and examples.) **Limit 300 words.**



C) Do you currently survey your clients to determine client satisfaction with the services provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If a client satisfaction survey is used, a blank example must be attached to the application.</i>	

<b>5)VICTIM INFORMATION **Required**</b>	
A) Victim Numbers	
How many victims of crime are served <b>annually</b> by your agency?	
How many Denver victims are <b>currently</b> being served <b>by this project</b> ?	
Is the project located entirely in the 2nd Judicial District?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If not, what percentage of services will be for victims/witnesses in the 2 <sup>nd</sup> JD?	
How many victims will be served <b>with this grant funding</b> during the contract period (January 1, 2024 – December 31, 2024)?	

Type of Crime	Number of Victims Served in 2023	Est. Number of Victims to be Served in 2024
Child Physical Abuse		
Child Sexual Abuse		
Domestic Violence		
Adult Sexual Assault		
Victims of Vehicular Assault or Vehicular Homicide, DUI/DWI Crashes or Careless Driving Resulting in Death		
Survivors of Homicide Victims		
Assault		
Adults Molested as Children		
Elder Abuse		
Robbery		
Other Violent Crimes: Hate/Bias Crime, Gang Violence, etc.		
Other, please specify:		

B) Describe the target population for this project, including demographic information and the geographic area to be served. <i>(Limit 200 words.)</i>
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C) What measures does your agency take to make victims from various cultures, ethnic backgrounds, including age, race ethnicity, religion, gender, sexual orientation, and gender identity, feel welcome and well-served by the project? (*Limit 200 words.*)

D) Explain how the project will address the needs of under/unserved populations. (*Limit 200 words.*)

#### 6) VICARIOUS TRAUMA

Describe the agency's plan and/or strategies to address vicarious trauma issues that can impact your staff. (*Limit 200 words.*)

## SECTION III - COMMUNITY COLLABORATION

### 1) COLLABORATION EFFORTS

A) Agency Collaboration – Describe in detail the agency’s involvement with collaborations within the 2<sup>nd</sup> Judicial District, including your referral processes with these agencies. (*Limit 300 words.*)

B) Duplication of Services – How will the agency coordinate services with similar programs to diminish or eliminate any duplication of services? (*Limit 300 words.*)

## SECTION IV – COMPLIANCE

### 1) VICTIM RIGHTS ACT PROJECT COMPLIANCE

A) Define how **this project** will address the statutory requirements for assuring the rights of victims as outlined in the Victim Rights Act (C.R.S. §24-4.1-302.5). List specific services to be provided. (*Limit 300 words.*)

B) Define how **this project** will address law enforcement/victim services needs as outlined in the VALE statute (C.R.S. §24-4.2-105). Refer to the application instructions for more information. (*Limit 300 words.*)

The applicant assures that the following signatories and all staff and volunteers assigned to this project have read and understood the rights afforded to crime victims pursuant to [C.R.S. §24-1.1-302.5](#) and the services delineated pursuant to [C.R.S. §24-4.1-303](#) and [C.R.S. §23-4.1-304](#).

- Yes  
 No

**2) VICTIM RIGHTS ACT AGENCY COMPLIANCE**

A) Does your agency have a statutory mandate to notify victims under the Victim Rights Amendment (VRA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) If you are not a mandated agency, do you notify victims of their rights under the VRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please describe how victims are informed by your agency?

C) What is the approximate number of clients who receive VRA notifications made by your agency each year?	
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**3) VICTIM RIGHTS ACT STAFF TRAINING**

A) If your agency is providing VRA notifications to victims, provide the following information.

Date of most recent training:	
Training Provided by (trainer/agency):	
Do the VALE Funded Staff members attend the VRA training?	

**4) VICTIM COMPENSATION**

A) Does your agency regularly inform victims of the Crime Victim Compensation program for services not provided by your agency? If yes, does your agency assist them with the application process when appropriate? **Limit 200 words.**

B) Are services provided by your agency eligible for Crime Victim Compensation reimbursement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, list these services:	

C) If you answered “yes” to questions A and B, please answer the following questions:	
Does your agency receive annual training to keep staff and volunteers apprised of the Crime Victim Compensation program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last training in current year:	
Training provided by (trainer/agency):	

D) Please describe how your agency tracks funds and services to ensure that it is not using 2<sup>nd</sup> JD VALE funds to provide services which could be or have been paid for by Victim Compensation? (**Limit 200 words.**)

<b>5) AMERICAN DISABILITY ACT COMPLIANCE</b>	
A) In compliance with the American Disability Act (ADA) on providing access, will your agency be able to provide accommodations for crime victims or victim service providers who are disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe how your agency makes these accommodations. ( <b>Limit 200 words.</b> )	

## SECTION V – FINANCIAL INFORMATION

<b>1) TOTAL AMOUNT REQUESTED</b>	
A) Total Amount Requested	
B) What percentage of your total agency budget is this request for Denver VALE funds?	
C) Will the amount requested provide full funding for the project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>If no, please identify other funding sources and the amounts received within the past two years in the chart below. Do not include other VALE funding. Please include other pending grants, federal and local funding sources (e.g. VOCA).</b></p>	

1A) OTHER NON –VALE FUNDING SOURCES			
Source	Date of Award	Amount to this project	Total Award
TOTAL OTHER FUNDING SOURCES:			

<b>2) VALE FUNDING</b>	
Are you currently receiving VALE funding from any other Judicial District for this project?	<input type="checkbox"/> Yes
<p><b>If yes, please identify the Judicial District, the amount requested and awarded in the chart below.</b></p>	<input type="checkbox"/> No

2A) CURRENT VALE FUNDING SOURCES (FY2023)			
District	Date of Request	Amount Requested	Amount Awarded
TOTAL VALE FUNDING			

**3) REQUESTED VALE FUNDING (FY2023)**

Will you be applying to other VALE Boards for funding in 2024?

Yes  
 No

**If yes, please identify the Judicial District and the amount requested in the chart below.**

**3A) REQUESTED VALE FUNDING (FY2023)**

District	Date of Request	Amount Requested	Amount Awarded
<b>TOTAL REQUESTED VALE FUNDING (DO NOT INCLUDE 2<sup>ND</sup> JD)</b>			

**DUPLICATION OF SERVICES**

Duplication of Services – How will the agency track the unique services of each funding sources in order to prevent duplication of services? **Limit 300 words.**



**CURRENT FUNDING**

If you are requesting VALE funds to support an existing project or project component, explain how this was previously funded and whether this funding stream ended. Describe the need to seek funding from the 2<sup>nd</sup> JD VALE. *(Limit 300 words.)*

**CLIENT FEES (REQUIRED IF PROJECT COLLECTS FEES)**

What are the anticipated client fees for this project?

Explain the purpose of the fee and how the fee supports the project or agency? *(Limit 300 words.)*

**IN-KIND/VOLUNTEER SERVICES**

Describe the volunteer and/or in-kind services that will be provided for this project. ***Limit 300 words.***

**FUTURE FUNDING**

Describe your agency's sustainability plan for the project if it continues beyond the initial funding period. ***(Limit 300 words.)***

## SECTION V1-PROJECT BUDGET

### 1A) Personnel-Narrative

If funds are requested for Personnel, fully explain and justify the need for funding and link each position to specific goals and objectives for this project. Show calculations in FY 2024 Grant Application Budget Excel Sheet.

### 1B) Supplies and Operating-Narrative

If funds are requested for Supplies and Operating, fully explain and justify the need for funding and link each line item to specific goals and objectives for this project. Show calculations in FY 2024 Grant Application Budget Excel Sheet.

**1C) Equipment-Narrative**

If funds are requested for Equipment, fully explain and justify the need for funding and link each line item to specific goals and objectives for this project. Show calculations in FY 2024 Grant Application Budget Excel Sheet.

**1D) Travel-Narrative**

If funds are requested for Travel, fully explain and justify the need for funding and link each line item to specific goals and objectives for this project. Show calculations in FY 2024 Grant Application Budget Excel Sheet.

**1E) Professional Services-Narrative**

If funds are requested for Professional Services, fully explain and justify the need for funding and link each line item to specific goals and objectives for this project. Show calculations including the hourly rate for the contractor in FY 2024 Grant Application Budget Excel Sheet.

## SIGNATURE PAGE

\*The applicant assures that the following signatories and all staff and volunteers assigned to this project have read and understood the rights afforded to crime victims pursuant to C.R.S. 24-1.1-302.5 and the services delineated pursuant to C.R.S. 24-4.1-303 and C.R.S. 23-4.1-304.

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.

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Signature of Project Director Date

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Name & Email of Project Director

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Signature of Agency Director Date

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Name & Email of Agency Director

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Signature of Financial Officer Date

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Name & Email of Financial Officer

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Signature of Authorized Official Date

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Name & Email of Authorized Official

**Project Director:** The person who has direct responsibility for the implementation of the project. This person should combine knowledge and experience in the project area with ability to administer the project and supervise personnel. They share responsibility with the Financial Officer for seeing that all expenditures are within the approved budget. This person will normally devote a major portion of their time to the project and is responsible for meeting all reporting requirements. The Project Director must be a person other than the Authorized Official of the Financial Officer.

**Agency Director:** The executive director of the agency. This may in some agencies be the same person as the project director or authorized official.

**Financial Officer:** The person who is responsible for all financial matters related to the program and who has responsibility for the accounting, management of funds, and verification of expenditures, audit information and financial reports. The person who actually prepares the financial reports may be under the supervision of the Financial Officer. The Financial Officer must be a person other than the Authorized Official or the Project Director.

**Authorized Official:** The authorized official is the person who is, by virtue of such person's position, authorized to enter into contracts for the grant recipient. *This could include:* Mayor or City Manager, Chairperson of the County Commissioners, District Attorney, President of Chairperson of the Board of Directors, Superintendent, or other Chief Executive Officer.

**Please review the *Application Guidelines* before submitting this Application.**

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