**Northglenn Victim Assistance and Law Enforcement (VALE) Program**

The Northglenn City Council established the Northglenn Victim Assistance and Law Enforcement (VALE) Program to enhance community programs and law enforcement in their efforts to assist victims and witnesses of municipal and state criminal violations. The Northglenn Victim Assistance and Law Enforcement Board’s purpose is three-fold.

1. To provide a grant process for the VALE program.
2. To monitor grant awards and insure grant compliance.
3. To report the distributions of moneys, including the projects and service for which such disbursements were made to the Northglenn City Council.

Funds shall be used to enhance or develop programs for eligible crime victim/witness programs and Law Enforcement agencies. An eligible crime victim/witness assistance program must meet the following criteria.

1. A program must be operated by a public, private, or a non-profit organization/agency or a combination thereof.
2. Preference will be given to organizations/agencies located in Adams County, Colorado, and their programs must serve victims or witnesses residing in the City of Northglenn.
3. If the program is an existing program, it must provide documentation of benefits to the citizens of Northglenn.
4. If the program is a new program, the grant proposal must contain a methodology for evaluating the program. Such methodology must include information on cost effectiveness of the program and whether the program is achieving its intended results for residents or victims within Northglenn.

**INSTRUCTIONS**

**You must submit** an original, signed grant application to the VALE Board including the application checklist and all supplemental attachments.

**Mail or deliver to:**

Northglenn Municipal Court

Attn: VALE Board

50 W. Community Center Drive

Northglenn, CO 80234

**You must also submit** the entire grant application **electronically**. Please include all attachments in your electronic submittal

The e-mail address to send the electronic application is: [court@northglenn.org.](mailto:court@northglenn.org)

# APPLICATION CHECKLIST

## Section I: Cover Letter (one page)

Include the purpose of the grant request and a brief description of how the request fits with the VALE Board’s mission and grantmaking priorities.

## Section II: Summary Sheet

## Section III: Narrative

## Narrative Questions

1. Organization Background
2. Overall Goals
3. Current Programs
4. Program or Project Requests Only
5. Evaluation
6. Collaboration
7. Inclusiveness
8. Board/Governance
9. Volunteers
10. Planning
11. Optional

## Section IV: Attachments

If you omit any of the required attachments, provide an explanation as to why. *Note: The VALE Board will not accept an incomplete proposal, regardless of an explanation.*

Financial Attachments   
 1(a). Organization budget

1(b). Program or project budget, if applicable

1. Current (year-to-date) financial statements
2. Year-end financial statements and audit
3. Sources of Income Table
4. Major contributors
5. In kind contributions

Explanation of financial attachments, if applicable

Other Attachments

* 1. Board of directors list
  2. Proof of IRS federal tax-exempt status, dated within the last five years
  3. Anti-discrimination statement adopted by the board of directors
  4. Key staff
  5. Annual report, if available
  6. Evaluation results (optional): Provide the organization’s most recent evaluation results, relevant to this request.

Additional Attachments for Organizations Using a Fiscal Agent/Fiscal Sponsor

1. The memorandum of understanding or the contract between the organization and the fiscal agent/fiscal sponsor.
2. Financial attachments 1(a), 2, and 3 for the fiscal agent/fiscal sponsor.
3. Proof of IRS federal tax-exempt status for the fiscal agent/fiscal sponsor, dated within the last five years.
4. Board of directors list for the fiscal agent/fiscal sponsor.

## Section V: Certified Assurances

Please sign in **BLUE** ink. If there are any changes in signatories after your grant application has been submitted, a new Certified Assurance page will need to be submitted along with notification to the VALE Board members.

## Thank you for your time and effort in completing this application.

**Section II: SUMMARY SHEET**

**Organization Information**

**Legal Name of Organization:**

**DBA** (if applicable):

## Mailing Address

## Physical Address (*if different and not confidential*):

## Phone: Fax: EIN: Website: Organization Email Address:

## Name of CEO or Executive Director: Phone: Email: Application Contact & Title (if *not* the CEO or Executive Director): Phone: Email:

## Year Founded:

**Mission Statement:**

**Geographic Area Served** (specific to this proposal) – Please include estimated number of Northglenn residents that will benefit from this initiative.

## Tax Exemption Status:

501(c)(3) \_\_\_\_Yes \_\_\_\_\_No

Name of fiscal agent sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If other than 501(c)(3), describe:

## Number of Employees: Full-time: Part-time: Volunteers:

**Grant Request Information**

**Type of Grant Requested** (select one)**: Amount of Request: $**

General Operating Support

Program or Project Support / Name of Program or Project:

Capital Request

Other:

## Describe what the grant will be used for:

**Financial Information** (Budget numbers should match the numbers presented in Attachments 1(a) & (b).

## Organization’s Current Budget for Fiscal Year Ending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Income: $ Expenses: $**

**AND, if other than a general operating request,**

**Program or Project Budget: $\_\_\_\_\_\_\_\_\_\_\_ Dates:** From: \_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_

**Income: $ Expenses: $**

**Identify in the table below additional funding sources that will support this request:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Amount** | **Pending** | **Approved** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

Print Name and Title:

Signature:

**CEO/Executive Director --** Please sign in **blue** ink **Date**

# SECTION III: NARRATIVE

*For General Operating Requests answer questions 1-3; 5(a), 5(b), 5(c); and 6-11. There is a 4- page limit. For Program or Project Requests answer questions 1-4; 5(a), 5(b), 5(d); and 6-11. There is a 5-page limit.*

*Use 12-point font with 1-inch margins and include the* ***HEADING*** *provided for each question. It is not necessary to repeat the text of the questions.*

1. **ORGANIZATION BACKGROUND.** Discuss the founding and development of the organization. Explain the original issue and/or opportunity the organization was founded to address and how that may have changed over time.
2. **GOALS.** Describe the organization’s current goals.
3. **CURRENT PROGRAMS.** Provide a brief description of the organization’s current programs. Include population and numbers served, as well as expected results. *If this request is for a specific program, describe the organization’s* ***other*** *programs here. Describe the program for which you are seeking funding in Question 4.*

## PROGRAM OR PROJECT REQUESTS ONLY.

* 1. Provide a summary of the plan for the program or project request. Include the issue and/or opportunity addressed, goals and objectives, activities, and timeline.
  2. Explain why the organization is approaching the issue and/or opportunity in this way.

1. **EVALUATION.** *Respond to (a) AND (b), then respond to (c) OR (d) as relates to your specific request.*
   1. Describe the organization’s overall approach to evaluation.
   2. Describe how the organization measures impact. If this is a program request, describe how impact is measured for the program that is the subject of this proposal.

*Respond to (c) OR (d). This information captures results from the past:*

* 1. For general operating or capital requests: Summarize key evaluation results or findings that demonstrate the organization’s impact. Indicate the time frame for the results or findings.
  2. For program or project requests: Summarize key evaluation results or findings that demonstrate the program or project impact. Indicate the time frame for the results or findings.

1. **COLLABORATION.** Describe the organization’s most significant interactions with other organizations and efforts. For program and project requests, address this question with respect to that program or project only.
2. **INCLUSIVENESS.** Describe how the organization strives to be inclusive in its programs, staff, board, and volunteers, and describe the progress to date.
3. **BOARD/GOVERNANCE.** Describe the role of the board of directors in advancing the mission of the organization. Include the key issues related to board effectiveness that are being addressed this year, the organization’s policy regarding board terms, and the percentage of the board that contributes financially to the organization
4. **VOLUNTEERS.** Describe how the organization involves volunteers and unpaid personnel (other than the board of directors) within a typical 12-month time period. Include number of volunteers and hours (if tracked by the organization).
5. **PLANNING.** Describe the challenges and opportunities facing the organization in the next three to five years. Additionally, describe how the organization engages in planning and describe the focus of any current planning efforts.
6. **OPTIONAL.** If there is additional information that is vital to convey in this proposal, do so here. *(This must be contained within the four-page limit for general operating requests or the five-page limit for program and project requests.)*

# SECTION IV: ATTACHMENTS

*Label each attachment and provide in the order listed.*

# Financial Attachments

*Note: Provide explanations for items that may raise questions in any of the attached financial documents. The explanations can be written onto the documents themselves or included as an additional page.*

1. **BUDGETS.** Include revenues and expenses.
   1. The organization’s operating budget for the current fiscal year. If available, also include the budget for the upcoming fiscal year.
   2. If the request is for a program or project, also include program or project budget for the program period.

**Cur**

1. **CURRENT (YEAR-TO-DATE) FINANCIAL STATEMENTS**

Include a Statement of Financial Position (Balance Sheet) and Statement of Activities (Income and Expense Statement) through the most recently completed operating month available (must be within the past three months). Provide the Statement of Activities in a budget-to-actual format if the organization uses that format.

## YEAR-END FINANCIAL STATEMENTS AND AUDIT.

Include the most recent fiscal year-end financial statements, audited if available. If the organization has an audit, but it is not available for the most recent fiscal year- end, also include the most recent audit.

## SOURCES OF INCOME.

Complete the table on page 9 for the organization as a whole, **based on the previous calendar year**. Categories may be added to fit your organization’s funding sources. See sample table below.

|  |  |  |
| --- | --- | --- |
| **Percentage** | | **Funding Source** |
| 15% |  | Government grants (federal, state, county, local) |
| % | | Government contracts |
| 25% |  | Foundations |
| % | | Business |
| 5% |  | Events (include event sponsorships) |
| 35% |  | Individual contributions |
| 20% |  | Fees/earned income |
| % | | Workplace giving campaigns |
| % | | In-kind contributions (optional) |
| % | | Fundraising – car wash |
| % | | Other |
| **100%** | | **TOTAL (must equal 100%.)** |

1. **MAJOR CONTRIBUTORS.** For the previous two fiscal years, list major contributors (foundations, businesses, government, individuals) with amounts. Do not include names of individual donors.
2. **IN-KIND CONTRIBUTIONS.** Summary of significant in-kind donations (donated goods and professional services) received by the organization for the last fiscal year.

# Other Attachments

1. **BOARD OF DIRECTORS LIST**. Include the following information for each board member:

* Position(s) on the board (officer and committee positions)
* Occupation and name of employer and/or affiliation(s)
* City or county of residence
* Term end date for each board member

1. **PROOF OF IRS FEDERAL TAX-EXEMPT STATUS**, also called a Letter of Determination. This letter must be dated within the last five years.
2. **ANTI-DISCRIMINATION STATEMENT** adopted by the board of directors.
3. **LIST OF NAMES AND QUALIFICATIONS OF KEY STAFF**, including length of service with the organization. *Do not* include job descriptions or resumes*.*
4. **ANNUAL REPORT**, if available.
5. **EVALUATION RESULTS (optional):** Provide the organization’s most recent evaluation results or findings, relevant to this request.

# Additional Attachments for Fiscal Agents/Fiscal Sponsors

1. **THE MEMORANDUM OF UNDERSTANDING** or the contract between the organization and the fiscal agent/fiscal sponsor.
2. **FINANCIAL ATTACHMENTS** 1(a), 2, & 3 for the fiscal agent/fiscal sponsor.
3. **PROOF OF IRS FEDERAL TAX-EXEMPT STATUS** for the fiscal agent/ fiscal sponsor, dated within the last five years.
4. **BOARD OF DIRECTORS LIST** for the fiscal agent/fiscal sponsor.

## SOURCES OF INCOME TABLE

|  |  |
| --- | --- |
| **Percentage** | **Funding Source** |
| % | Government grants (federal, state, county, local) |
| % | Government contracts |
| % | Foundations |
| % | Business |
| % | Events (include event sponsorships) |
| % | Individual contributions |
| % | Fees/earned income |
| % | Workplace giving campaigns |
| % | In-kind contributions (optional) |
| % | \*\*Fundraising: |
| % | Other |
| % |  |
| % |  |
| % |  |
| % |  |
| % |  |
| % |  |
| % |  |
| % |  |
| % |  |
| % |  |
| % |  |
| % |  |
| % |  |
| 0 **%** | **TOTAL (must equal 100%.)** |

***\*\*List each fundraiser on a separate line***

# SECTION V: CERTIFIED ASSURANCES

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

Print Name and Title:

Signature:

**Agency Director --** Please sign in **blue** ink **Date**

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

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Print Name and Title:

Signature:

**Project Director --** Please sign in **blue** ink **Date**

**Project Director: The Project Director must be a person other than the Authorized Officer or the Financial Officer.** This is 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 may or may not directly supervise personnel. She/he shares responsibility with the Financial Officer for seeing that all expenditures are within the approved budget. This person will normally devote a major portion of his/her time to the project and is responsible for meeting all reporting requirements. This person should be the same person as listed on the grant application.

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Print Name and Title:

Signature:

**Financial Officer --** Please sign in **blue** ink **Date**

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

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Print Name and Title:

Signature:

**Authorized Official --** Please sign in **blue** ink **Date**

**Authorized Official: The authorized official is the person who is authorized to enter into contracts for the applicant agency.** This could include: Mayor or City Manager, Board President or Chairperson of the Board of Directors, Superintendent, or other Chief Executive Officer.