

For Official Use Only

V/S_____ L/E_____

Date Received: _____

New_____ Continuation_____

Application # _____

Date of Board Review_____ Approved _____ Denied_____ Amount Awarded_____

**VICTIM ASSISTANCE & LAW ENFORCEMENT
GRANT APPLICATION**

City of Northglenn
Municipal VALE Board
Attn: Tammy Sutton, Court Supervisor
11701 Community Center Drive
Northglenn, CO 80233
303-450-8703

Applicant Agency_____

Project Title_____

Project Director_____

Phone_____ Fax_____

Address_____

Total amount of VALE funds requested_____

Grant duration _____ to_____

Is this a one-time request for training and/or equipment: _____

Is this request for a new project_____ or for a continuing project_____

Private non-profit_____ Government Agency_____

Required Attachments

Agency Budget (Waived for governmental agencies)

Project Budget- must include budget narrative.

Letters of support, if applicable

Training and education information (brochures, etc.)

Equipment costs

If you are requesting a full or part-time position, you must include a job description

Random sampling of client satisfaction surveys

SECTION A – AGENCY AND PROJECT NARRATIVE

1. Please give description of applicant agency.
2. Substantiate or quantify the problem your project is proposed to address within the City of Northglenn, factually or with other supportive documentation.
3. Description of the project that would be funded by Northglenn VALE funds. (Be specific regarding what services municipal VALE funds will provide within the City of Northglenn.)
4. Identify and describe the project's goals and objectives. Your objectives may be quantitative or qualitative.
5. What is your timetable and workplan for accomplishing your objectives?
6. How will you evaluate if the project has met its stated goals and objectives?

SECTION B - VICTIMS RIGHTS

1. Define how this project will address the guidelines for assuring the rights of victims and witnesses as outlined in the Victims Right Act (Section 24-4.1-302.5 C.R.S.).
2. Describe the efforts of your agency to ensure that the crime victims served by your agency fully understand the rights afforded them by the Colorado Constitutional Amendment.

3. Describe the type of victims' rights training that has been provided by your agency to staff and volunteers during the past year.

4. Include a brief description of how your agency strives to provide culturally competent services. Specifically describe how this project will strive within the context of your agency in striving to provide culturally competent services. Culturally competence is defined as a process in which an agency continuously strives to achieve the ability to effectively work within the cultural context of an individual or community from a diverse culture/ethnic background.

SECTION C – ADMINISTRATIVE & SERVICE NARRATIVE

1. Describe the population and geographic area for this project.

2. If the project is not located entirely in Northglenn, what percentage of services would be for victims and witnesses within Northglenn?

3. What number of people will be served by this project during this contract period?

4. What number of people are currently being served and how?

5. What number of people is in need of the services as proposed by this project?

6. How will your project diminish or eliminate the duplication of services?

7. How will you coordinate services with similar or like programs?

- Define the management plan for the project. Identify specifically who will be responsible for daily operations and who will be accountable for the expenditure of grant funds.

SECTION D - BUDGET SUMMARY / FINANCIAL INFORMATION

- Total amount of Northglenn Municipal VALE funds requested: _____
- Will the amount requested for this project provide full funding? If no, please identify other funding sources and amounts received within the last year. Include pending grant amounts.

<u>Source</u>	<u>Amount Received/Receiving</u>	<u>Date</u>
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- Are you currently receiving Municipal/Judicial VALE funding for this project?
Yes_____ No_____

- Will you be applying to other Municipal /Judicial VALE Boards for funding this project?
Yes_____ No_____

Judicial/Municipal District	Amount Requested/ Amount Received	Date of award
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- Anticipated client fees from this project:

- Describe the volunteer or in-kind services that will be used for this project.

CERTIFIED ASSURANCES

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

Project Director

Signature

Date

Project Director:

Financial Officer

Signature

Date

Financial Officer:

Agency Director

Signature

Date

Agency Director: