

# HAMPTON VA

## Grant Routing Sheet [Form #2]

**PLEASE NOTE:**

Completed "GRANT PROPOSAL OVERVIEW" Form must accompany Grant Routing Sheet.

Date Routing Initiated: 6-12-18 Application Due Date: 7-11-18  
Originating Department: Victim Services Unit Department No. \_\_\_\_\_  
Submitter's Name: Karla Crump Reaves Direct Telephone No. (757) 728-3006  
E-mail Address: kreaves@hampton.gov  
Grant Title: Hampton Victim Witness Program  
Other Participating Departments: \_\_\_\_\_

**BEFORE COMPLETING AN APPLICATION:**

1. READ THE GENERAL INSTRUCTIONS. KCR (Submitter's Initials)
2. COMPLETE GRANT PROPOSAL OVERVIEW. KCR (Submitter's Initials)
3. DEPARTMENT HEAD ORIGINATING DEPT. Karla C. Reaves *Karla C. Reaves* 7-11-18  
Print Name Signature Date
4. ASSISTANT CITY MANAGER \_\_\_\_\_  
Print Name Signature Date

**BEFORE SUBMITTING AN APPLICATION TO THE AWARDING AGENCY:**

5. PREPARE INITIAL DOCUMENTATION PACKAGE FOR REVIEW; TO INCLUDE (EITHER HARD COPY OR ELECTRONIC) OF ALL DOCUMENTS RELATED TO THE GRANT, INCLUDING, BUT NOT LIMITED TO, INSTRUCTIONS, ATTACHMENTS, EXHIBITS, GRANT DOCUMENTS, PRIMARY GRANT (IF SUBAWARDEE).  
KCR (Submitter's Initials)
6. COMPLETE APPLICATION EXCEPT NECESSARY SIGNATURES. *KCR* (Submitter's Initials)
7. BUDGET DIVISION \_\_\_\_\_  
Print Name Signature Date
8. FINANCE DEPARTMENT \_\_\_\_\_  
Print Name Signature Date
9. CITY ATTORNEY \_\_\_\_\_  
Print Name Signature Date
10. SIGN & SUBMIT APPLICATION. *KCR* (Submitter's Initials)

**AFTER GRANT AWARDED:**

**11. ADD AWARD LETTER TO DOCUMENTATION.** \_\_\_\_\_ (Submitter's Initials)

**12. ORIGINATING DEPT.**  
(Approval as to Content) \_\_\_\_\_  
Print Name Signature Date

**13. RISK MANAGEMENT** \_\_\_\_\_  
Print Name Signature Date

**14. HUMAN RESOURCES** \_\_\_\_\_  
Print Name Signature Date

**15. BUDGET DIVISION** \_\_\_\_\_  
Print Name Signature Date

**16. FINANCE DEPARTMENT** \_\_\_\_\_  
Print Name Signature Date

**17. CITY ATTORNEY** \_\_\_\_\_  
Print Name Signature Date

**18. CITY COUNCIL** **GRANICUS FILE NO.** \_\_\_\_\_

CREATE GRANICUS FILE \_\_\_\_\_  
Print Name Signature Date

ATTACH GRANT DOCUMENTS \_\_\_\_\_  
Print Name Signature Date

ROUTE FOR APPROVAL \_\_\_\_\_  
Print Name Signature Date

**19. ADD SIGNED RESOLUTION TO DOCUMENTATION.** \_\_\_\_\_ (Submitter's Initials)

**20. OBTAIN SIGNATURES** \_\_\_\_\_  
Print Name Signature Date

**21. ORIGINATING DEPARTMENT TO RETAIN ORIGINAL DOCUMENTATION.** \_\_\_\_\_ (Submitter's Initials)

**22. DISSMINATE ELECTRONIC COPIES TO (INITIAL WHEN DISSEMINATED):**

CITY ATTORNEY: \_\_\_\_\_ (Submitter's Initials)

FINANCE: \_\_\_\_\_ (Submitter's Initials)

OTHER PARTICIPATING DEPARTMENTS (LIST):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Submitter's Initials)  
\_\_\_\_\_ (Submitter's Initials)

# HAMPTON VA

## Grant Proposal Overview [Form #1]

**PLEASE NOTE:**

Completed "GRANT PROPOSAL OVERVIEW" Form **MUST** accompany Grant Routing Sheet.

**Grant Title:** Hampton Victim Witness Program

1. **PRIMARY OR SUB-AWARD:** Application will be submitted to () the agency that is the primary source of funding (City = Primary Awardee); () to an agency that has received the funds from another awarding agency (City = Sub-Awardee).

If the City is a Sub-Awardee, the agreement between the Primary Awardee and the agency to which the City is making application must be attached to this Overview.

2. **GRANT AWARD PERIOD:** If awarded, funds are expected to be received: () in the current fiscal year only; () in the current fiscal year and the future fiscal year(s) of \_\_\_\_\_ or () in the future fiscal year(s) of July 1, 2018-June 30, 2021.

3. **PREVIOUS APPLICATIONS:** (Not including the current application) This grant was previously applied for during 2016 and 2017 fiscal year(s); and was previously awarded during 2016 and 2017 fiscal year(s).

If previously awarded, provide all prior agenda items numbers and dates of Council approval.  
16-0282 -2017- Approval date: 8-10-16, 17-0262- 2018-Approval date: 8-9-17

4. **BACKGROUND/PURPOSE:** The Hampton Victim Witness Program provides comprehensive direct services to crime victims in the city of Hampton, Virginia. These services are provided by a group of dedicated service providers who continue to demonstrate a commitment to ensure that the rights of crime victims are not overlooked in accordance with the Virginia Crime Victims and Witnesses Rights Act and other applicable victims' rights laws. During July 1, 2018 through June 30, 2019 (FY 2019), it is estimated that 1800 victims and 30 witnesses will receive direct services.

5. **TYPE OF GRANT EXPECTED TO BE AWARDED:**

**Cash Amount \$** 137,880.00

**Non-Cash (Describe):** \_\_\_\_\_

**6. FINANCIAL OBLIGATIONS:**

a. **Current Financial Obligations:** This grant will ( ) will not (X) **require** matching funds/contributions. If so, please indicate in the space below the amount and whether the match is cash or in-kind, or both.

**Required Match – CASH**

Amount: Cash \$ \_\_\_\_\_

**Required Match – IN KIND**

\*Value of In-Kind \$ \_\_\_\_\_

\* Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. **Future Financial Obligations:** This proposal will ( ) will not (X) incur commitments or financial obligations for the City beyond the grant period. If it will, an authority memorandum from the City Manager's Office-Budget Division estimating future matching requirements and the time period must be attached to this Overview.

c. **Resource Obligations:** This proposal will ( ) will not (X) require special facilities, equipment and/or services provided by the City. If it will, summarize arrangements in a separate memorandum and attach to this Overview.

**7. Sources of Grant and Matching Funds:**

Please identify the funding source of your grant and any required or non-required matches.

- For Federal grants, please provide the Federal Catalog Number (CFDA) and the grant number.
- For State grants, the grant number must be supplied.
- All grant matches must be supplied by the submitting department, unless they have historically received a contribution/match from the City's Matching Funds Pool or a special arrangement has been made with the City Manager's Office-Budget Division.
- If another City department, other than the submitting department, will be providing a funding or in-kind match, documentation to that effect must be submitted along with this grant packet.

Federal \$ 302,200.50 \_\_\_\_\_  
Pass Through \$ \_\_\_\_\_  
State \$ 100,733.50 \_\_\_\_\_  
Foundation \$ \_\_\_\_\_  
Private \$ \_\_\_\_\_

Federal Catalog No. 16.575 \_\_\_\_\_  
Federal Grant No. \_\_\_\_\_  
State Grant No. 18-X8574VW16 \_\_\_\_\_

b. **Source of Matching Funds\*** (Please check all that apply.)

Department: \_\_\_\_\_  
Budget Line-Item: \_\_\_\_\_ Amount: \_\_\_\_\_  
Budget Line-Item: \_\_\_\_\_ Amount: \_\_\_\_\_  
Budget Line-Item: \_\_\_\_\_ Amount: \_\_\_\_\_

*\*If you are listing a department funding source other than your department, the Budget Division will need written authorization of agreement to withdraw these funds.*



# Grant Application

Department of Criminal Justice Services, 1100 Bank Street, Richmond, Virginia 23219 ATTACHMENT 1

Grant Program:	<input checked="" type="checkbox"/> VW	Congressional District(s) 3 districts #'s
Applicant:	Hampton Victim/Witness Program - Commonwealth's Attorneys Office	Faith Based Org: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fed ID #	54-6001336	Best Practice <input type="checkbox"/> Yes <input type="checkbox"/> No
Jurisdiction(s) Served:	City of Hampton to include Hampton University and Thomas Nelson Community College	
Program Title/Sponsor:	Hampton Victim/Witness Program - Commonwealth's Attorneys Office	CCPC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grant Period:	<input checked="" type="checkbox"/> 7/1/18 -6/30/21	DUNS Number 66019902
Type of Application:	<input type="checkbox"/> New	<input type="checkbox"/> Rural
	<input checked="" type="checkbox"/> Continuation of Grant # 18-X8574VW16	<input checked="" type="checkbox"/> Urban
	<input type="checkbox"/> Revision of Grant #	<input type="checkbox"/> Suburban

	Project Director	Project Administrator	Finance Officer
Name:	Karla C. Reaves	Mary Bunting	Karl Daughtrey
Title:	VW Director	City Manager	Finance Director
Address:	236 N. King Street	22 Lincoln Street, 8th Floor	22 Lincoln Street, 7th Floor
	Hampton, VA 23669-3522	Hampton, VA 23669-3522	Hampton, VA 23669-3522
Phone:	757-726-6978	757-727-6392	757-727-6230
Fax:	757-726-6917	757-728-3037	757-727-6872
E-mail:	kreaves@hampton.gov	mbunting@hampton.gov	kdaughtrey@hampton.gov

Signature of Project Administrator: SIGN HERE *Mary Bunting*

**Brief Project Description:**  
 The Hampton Victim/Witness program provides comprehensive information and direct services to crime victims and witnesses in accordance with the Crime Victim and Witness Rights Act and other applicable victims' rights laws. During July 1, 2018 through June 30, 2019 (FY2019), it is estimated that 1800 victims and 30 witnesses will receive direct services through this program. For the period July 1, 2017 through December 31, 2017, the program provided direct services to 739 victims and 10 witnesses. We anticipate 750 volunteer hours to be provided in FY2019.

Section A. Project Budget	Summary		Total
	Federal 75%	State 25%	
Personnel	\$302,200.50	\$100,733.50	\$402,934.00
Consultants	0.00	0.00	\$0.00
Travel/Subsistence	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Indirect Costs	\$0.00	\$0.00	\$0.00
Supplies/Other Operating Expenses	\$0.00	\$0.00	\$0.00
<b>Totals:</b>	<b>\$302,200.50</b>	<b>\$100,733.50</b>	<b>\$402,934.00</b>
<b>Grand Total: \$</b>			<b>\$402,934</b>

CITY OF HAMPTON  
 OFFICE OF THE CITY ATTORNEY  
 Approved as to form and legal sufficiency  
 Date: 7/18/18  
*[Signature]*









DCJS VOCA Grant Risk Assessment Form

Hampton

Hampton Victim Services Unit

18-X8574VW16

Grantee:

Grant Program Name:

Grant #:

Purpose: 2 CFR 200.331 requires that DCJS evaluate each subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward. Our goal is to support and assist you in evaluating and your compliance and to efficiently address any risks identified. Your completion of this brief assessment supports that goal.

Instructions: Please provide Yes, No, or dates in cells, as appropriate. Each question requires only ONE response.

Grantee Responses

Has your Agency/Locality registered in the Federal System for Award Management (SAM) and ATTACHED a PDF file verifying registration?

yes

SAM.gov

Did your organization meet the threshold for a Single Audit in accordance with Federal Regulation 2 CFR 200 Subpart F (\$750,000 or more in total Federal award expenditures during your latest fiscal year)?

yes

If Yes, date Single Audit uploaded to Federal Audit Clearinghouse @

<https://harvester.census.gov/facweb/>

Date: 12/29/17

What is the total amount of grant funds requested (federal + match)? Indicate "Yes" beside the ONE description that most closely matches your request.

- Less than or equal to \$150,000
- More than \$150,000 and less than or equal to \$300,000.
- More than \$300,000

yes

Does the Agency have previous VOCA grant management experience? Indicate "Yes" beside the ONE description that most closely matches your situation.

- 3+ years
- 1-3 Years
- None

yes

Has there been new hire/turnover in key grant staff in the past 12 months? Indicate "Yes" beside the ONE description that most closely matches your situation.

- None
- 1 position
- More than 1 position

yes

Does the organization have an accounting/financial management system in place that meets the standard of accurately recording and tracking the receipt and expenditure of awarded funds (including any required match).

Our system meets this standard

yes

Over the past 12 months, has the program met deadlines for submission of financial and programmatic reports, (Indicate "Yes" if you met the 12th working day following the close of a quarter deadline, or received a deadline extension granted by DCJS).

yes

If your organization didn't meet the threshold for a Single Audit, was there an independent financial statement audit performed during the prior two years? Indicate "Yes" beside the ONE description that most closely matches your situation.

Independent financial statement audit performed

yes

If conducted, enter date of last audit.

Date: 12/29/17

Has there been on-site DCJS monitoring of the agency during the prior two years? Indicate "Yes" or "No".

no

If conducted, enter date of last on-site monitoring.

Date:

Did the previous audit or on-site DCJS monitoring include significant findings or questioned costs related to your DCJS grant program? (Answer "Yes" or "No." Significant findings/costs are those that require corrective actions).

no

Assessment Completed By (Name/Title):

Karla C. Reaves

Date Assessment Completed:

Date: 4/16/18

## NEED JUSTIFICATION

The Hampton Victim Witness Program prides itself in its ability to provide quality direct services to crime victims in the city of Hampton, Virginia. We are able to provide these services because of a group of dedicated service providers who have demonstrated a commitment ensuring that the rights of crime victims are not overlooked in the criminal justice process. Collectively, the Hampton Victim Witness staff have over 50 years of experience working in the field of victim services.

We are requesting the full amount allocated to Hampton Victim Witness in the amount of \$402,934. This amount will be used exclusively for Personnel expenses to continue the work that we do of serving crime victims pursuant to 19.2-11.01 of the Virginia Code.

For the period of July, 1, 2015 to June 30, 2016, the amount allocated through the grant for the operation of this program was \$263,759 and we served approximately 1800 direct service victims and the Victim Witness Program was fully staffed. During the grant period July 1, 2017 to June 30, 2018, the total amount received in grant funds was \$395,033, we served 1592 direct service victims and we lost two staff members during this grant cycle. Unfortunately there was a decrease in direct service delivery to crime victims during FY 18, which put a tremendous strain on staff to try to accommodate additional crime victims on their case load. While it was difficult to maintain statistical data during this period, we made every effort to maintain the same level of service to the clients we served. There was a substantial increase in funding for the program from FY 2016 to FY 2018 and we were able to hire an additional staff person. This was a tremendous bonus for the program because we were able to work for a brief period during the fiscal year comfortably with six grant funded positions.

The requested funding level is appropriate and the Hampton Victim Witness program operates cost effectively. This is demonstrated by our 33 year history with the City of Hampton and their willingness to supplement our benefits and providing a generous operating expense budget. In addition, we have always received a significant amount of support from the Commonwealth's Attorney's office.

Our future plans to improve and expand service delivery in FY 19-21 will be a challenge due to our current staffing of 6, the city of Hampton's increased crime rate, the growth of the number of Commonwealth's Attorneys this year from 15-21 attorneys and most importantly the increased number of victims that must be served. We have a team structure in the Commonwealth's Attorney's office. There are 21 attorneys and 3 active teams, with a Victim Witness Specialist assigned to each. There are 2 adult teams and 1 Juvenile and Domestic Relations Court team. The 2 adult teams rotate weekly, one week in General District Court and the other week in Circuit Court. As the court dockets increase our ability to provide the level of service we are accustomed to providing becomes difficult. However, our expansion efforts we hope to achieve will include a person to work closely with the Juvenile and Domestic Relations Court's Restorative Justice Program, enhancing our RESET (Rapid Engagement and Support in the Event of Trauma) team efforts, continuing to improve our service delivery to crime victims and building our professional staffing attributes by becoming credentialed victim service advocates. Although there may be obstacles that may restrict the program from achieving some of the planned goals, the level of service delivery to crime victims will not be jeopardized.



Commonwealth of Virginia  
Virginia Department of Criminal Justice Services  
**Victim Witness Program Grant (VWP)**  
**Fiscal Year 2019-21 Budget Narrative Template**

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### ***Itemized Budget & Narrative Instructions***

Grantees must complete the Budget Narrative template for each category in which they are requesting funding in their Itemized Budgets. The use of the provided Excel Itemized Budget and Narrative templates are required to complete your FY 2019-2021 Itemized budget. Grantees should request a total budget amount not to exceed the amount listed in the Statement of Grant Award (SoGA). All requested budget amounts must be itemized and placed in the appropriate category for each line item.

**REMINDERS:** If the grant funded project is part of a dual-program, or a larger umbrella organization, there must be clear documentation that the personnel and items requested are for the exclusive use of the grant-funded project. Grantees are reminded that grant funds cannot support the entire cost of an item that is not used exclusively for grant project-related activities; however, grant funds can support a pro-rated share of such an item.

All items listed in your Excel Itemized Budget must also be included on the corresponding Budget Narrative template. Items not included in the Budget Narrative may not be approved for funding. (Tip: You can "copy and paste" sections of the Budget Narrative Template, as necessary. For example, the template includes several grant funded positions. If your grant supports more positions than the templates provided, you can copy and paste the personnel budget category template section, as necessary.

Itemized budgets and budget narratives are **due by April 18, 2018 by 11:59 pm** via email to [grantsmgmt@dcjs.virginia.gov](mailto:grantsmgmt@dcjs.virginia.gov). The email should contain **two attachments**:

1. Fiscal Year 2018 Itemized Budget (Excel document)
2. A PDF file of all Budget Narrative pages and signed certifications (PDF document)

Please include your **project name** in the email subject and in the name of each file attached to the email.

### ***Budget Flexibility***

As stated in the VWP Guidelines, DCJS wishes to provide grantees with maximum flexibility in designing their grant budgets and utilizing any available local funding. In accordance with federal guidelines, only those costs directly related and essential to providing direct services to crime victims can be supported with grant funds. Requests must be allowable under state and federal guidelines and must be reasonable, appropriate, and justified.

Within these broad restrictions, however, grantees have discretion to determine how grant funds can most effectively be utilized. For example, the guidelines do not prescribe, nor prohibit, changes in staff salaries, as long as such changes are reasonable, appropriate, consistent with local personnel and compensation plans, and justified.

# VWP Fiscal Year 2019-21 Budget Narrative Template

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## NARRATIVE TEMPLATE

Agency Name: Hampton Victim Witness

VWP Grant #: 18-X8574VW16

Grantees are reminded that grant funds cannot support the entire cost of a position or items item that is not supporting exclusive grant-related activities; however, grant funds can support a pro-rated share of such a position or an item. Please describe the process for determining the pro-rated amount.

### **1. Personnel Budget Category**

The "total hours per year" sections refers to grant funded hours contributed to the project. The "Total Salary Amount to be Requested" refers to grant-funded salary amounts requested from the grant (do not include fringe benefits here). Fringe benefits are itemized in section 1b. of the itemized budget and reflected in "Requested Employee Fringe Benefits Total" of the budget narrative). FTE is calculated by dividing the total amount of hours funded with the grant by 2080. The position description should include the position title and briefly describe grant-related duties performed. The justification should explain how the position is essential and allowable under the VWP Guidelines and VOCA Rule, as appropriate. Justification for continuation funding for existing positions can be brief. It should be clear that funds continue support for appropriate direct services at a reasonable cost etc. New positions and pay increases etc. require more detailed justification. You can use one table for multiple positions, if the pay rate is the same. The total fringe should only reflect what you are requesting from the grant.



# VWP Fiscal Year 2019-21 Budget Narrative Template

<b>Name of Employee:</b> Karla Reaves			
Position is: <input checked="" type="checkbox"/> <b>Full Time</b> (2080 hours per year) or <input type="checkbox"/> <b>Part Time</b> - Total hours per year: _____			
<b>Total Annual Salary</b> <i>(grant-funded plus other sources):</i>	<b>Number of Grant-Funded Hours</b> <i>(hours per year):</i>	<b>Grant-Funded Full-Time Equivalent ("FTE")</b> <i>(divide grant-funded hours by 2080):</i>	<b>Total Salary Amount Requested from Grant</b> <i>(do not include fringe):</i>
\$ 84,992	2080		\$ 84,992
<b>Description of position (include position title and grant-related duties performed):</b>			
Karla is the Director of the Hampton Victim-Witness grant program. She is a full-time employee working 2080 hours per year. She continues to oversee, prepare Victim Witness Grant, and provide supervision and guidance and to ensure that direct services to crime victims are in compliance with grant requirements and the Virginia Victims and Witnesses of Crime Act. In addition, she continues to provide direct services to crime victims and families in Homicide cases and other cases as needed.			
<b>Justification for position (explain how the position is essential and allowable under the VWP Guidelines):</b>			
This position is necessary and essential to the overall operation of this program. It ensures that staff is equipped, trained, knowledgeable of the Crime Victims and Witnesses Rights Act and that the program continues to be in compliance with all financial and direct service delivery requirements at a reasonable cost. Without this position, over 30 + years of experience would be jeopardized, negatively impacting the overall success of the program, it's history and its continued success in providing quality customer service to the victims and witnesses served in the Hampton community.			
<b>Requested Employee Fringe Benefits Total = \$ 18,307</b>			
<b>Description of Fringe Benefits (include rates for each):</b>			
FICA = 6,502    Retirement = 4,483    Group Life = 1,113    Health Insurance = 6,209 Workers' Comp =                      Unemployment =                      Disability = Other (describe) =			

# VWP Fiscal Year 2019-21 Budget Narrative Template

<b>Name of Employee: Latasha Powell Mason</b>			
Position is: <input checked="" type="checkbox"/> <b>Full Time</b> (2080 hours per year) or <input type="checkbox"/> <b>Part Time</b> - Total hours per year: _____			
<b>Total Annual Salary</b> <i>(grant-funded plus other sources):</i>	<b>Number of Grant-Funded Hours</b> <i>(hours per year):</i>	<b>Grant-Funded Full-Time Equivalent ("FTE")</b> <i>(divide grant-funded hours by 2080):</i>	<b>Total Salary Amount Requested from Grant</b> <i>(do not include fringe):</i>
\$ 58,150	2080		<b>\$ 58,150</b>
<b>Description of position (include position title and grant-related duties performed):</b>			
Latasha is the Assistant Director of the Hampton Victim-Witness grant program. She is a full-time employee working 2080 hours per year. She continues to provide direct services to crime victims pursuant to VA. Code Section 19.2-11.01 and to manage daily operations and service delivery of the victim witness specialists in General District, Juvenile and Domestic and Circuit Courts. In addition, Latasha continues to provide direct services to victims of Sexual Assault and other cases as needed.			
<b>Justification for position (explain how the position is essential and allowable under the VWP GUIDELINES):</b>			
This position has an advanced knowledge and expertise necessary to ensure that all project matters are handled effectively. This position is necessary, essential and allowable under the VWP guidelines because it oversees and assists in the day to day operation of the victim services unit. It is essential to have an Assistant Director to ensure that advocates understand and carry out daily direct service delivery to crime victims in accordance with 19.2-11.01 of the Code of Virginia, maintain quarterly statistics and manage staff. Without this position it would negatively impact the program's success.			
<b>Requested Employee Fringe Benefits Total = \$ 15,016</b>			
<b>Description of Fringe Benefits (include rates for each):</b>			
FICA = \$4,448	Retirement = \$3,597	Group Life = \$762	Health Insurance = \$6,209
Workers' Comp =	Unemployment =	Disability =	
Other (describe) =			

# VWP Fiscal Year 2019-21 Budget Narrative Template

<b>Name of Employee: Anthony George</b>			
Position is: <input checked="" type="checkbox"/> <b>Full Time</b> (2080 hours per year) or <input type="checkbox"/> <b>Part Time</b> - Total hours per year: _____			
<b>Total Annual Salary</b> (grant-funded plus other sources):	<b>Number of Grant-Funded Hours</b> (hours per year):	<b>Grant-Funded Full-Time Equivalent ("FTE")</b> (divide grant-funded hours by 2080):	<b>Total Salary Amount Requested from Grant</b> (do not include fringe):
\$ 41,004	2080		\$ 41,004
<b>Description of position (include position title and grant-related duties performed):</b>			
Tyrone is a Victim Witness Specialist for the Hampton Victim-Witness grant program. He is a full-time employee working 2080 hours per year. He continues to provide direct services to crime victims pursuant to code section 19.2-11.01 on the Guns, Gangs and Drugs prosecution team. These services include but are not limited to: Virginia Victims' Fund assistance, Restitution, Victim Impact Statements, Victim Notification and interpreters.			
<b>Justification for position (explain how the position is essential and allowable under the VWP GUIDELINES):</b>			
This position is considered key personnel and is one of the most important because of the daily direct contact and service delivery provided to crime victims. The staff often work numerous hours and work at a deficit because of the increased crime rate, victim/witnesses, growth of Commonwealth's Attorney's and lack of victim/witness staff to accommodate the growth. Without this position our statistical data decreases giving a false illusion of need. This position is an integral part of this office and services would suffer without it.			
<b>Requested Employee Fringe Benefits Total = \$ 13,775</b>			
<b>Description of Fringe Benefits (include rates for each):</b>			
FICA = 3,137    Retirement = \$3,597    Group Life = \$537    Health Insurance = \$6,209 Workers' Comp =                      Unemployment =                      Disability = Other (describe) = <b>\$295 VRS LTC</b>			

# VWP Fiscal Year 2019-21 Budget Narrative Template

<b>Name of Employee: Leann Clary</b>			
Position is: <input checked="" type="checkbox"/> <b>Full Time</b> (2080 hours per year) or <input type="checkbox"/> <b>Part Time</b> - Total hours per year: _____			
<b>Total Annual Salary</b> <i>(grant-funded plus other sources):</i>	<b>Number of Grant-Funded Hours</b> <i>(hours per year):</i>	<b>Grant-Funded Full-Time Equivalent ("FTE")</b> <i>(divide grant-funded hours by 2080):</i>	<b>Total Salary Amount Requested from Grant</b> <i>(do not include fringe):</i>
\$ 43,957	2080		\$ 43,957
<b>Description of position (include position title and grant-related duties performed):</b>			
Leann is a Victim Witness Specialist for the Hampton Victim-Witness grant program. She is a full-time employee working 2080 hours per year. To provide direct services to crime victims pursuant to code section 19.2-11.01 on the Juvenile and Domestic Relations prosecution team, with emphasis on Domestic Violence cases. These services include but are not limited to: Virginia Victims' Fund assistance, Restitution, Victim Impact Statements, Victim Notification and Interpreters.			
<b>Justification for position (explain how the position is essential and allowable under the VWP GUIDELINES):</b>			
This position is considered key personnel and is one of the most important because of the daily direct contact and service delivery provided to crime victims. The staff often work numerous hours and work at a deficit because of the increased crime rate, victim/witnesses, growth of Commonwealth's Attorney's and lack of victim/witness staff to accommodate the growth. Without this position our statistical data decreases giving a false illusion of need. This position is an integral part of this office and services would suffer without it.			
<b>Requested Employee Fringe Benefits Total = \$ 13,745</b>			
<b>Description of Fringe Benefits (include rates for each):</b>			
FICA = \$3,363	Retirement = \$3,597	Group Life = \$576	Health Insurance = \$6,209
Workers' Comp =	Unemployment =	Disability =	
Other (describe) =			

# VWP Fiscal Year 2019-21 Budget Narrative Template

<b>Name of Employee: Kathryn Moore</b>			
Position is: <input checked="" type="checkbox"/> <b>Full Time</b> (2080 hours per year) or <input type="checkbox"/> <b>Part Time</b> - Total hours per year: _____			
<b>Total Annual Salary</b> <i>(grant-funded plus other sources):</i>	<b>Number of Grant-Funded Hours</b> <i>(hours per year):</i>	<b>Grant-Funded Full-Time Equivalent ("FTE")</b> <i>(divide grant-funded hours by 2080):</i>	<b>Total Salary Amount Requested from Grant</b> <i>(do not include fringe):</i>
\$ 46,150	2080		\$ 46,150
<b>Description of position (include position title and grant-related duties performed):</b>			
Kathryn is a Victim Witness Specialist for the Hampton Victim-Witness grant program. She is a full-time employee working 2080 hours per year. Continues to provide direct services to crime victims pursuant to code section 19.2-11.01 on the A Team which prosecutes adult cases of sexual assault, robbery, burglary, malicious wounding, homicides and other crimes against persons. These services include but are not limited to: Virginia Victims' Fund assistance, Restitution, Victim Impact Statements, Victim Notification and Interpreters. In addition this position is responsible for planning Victim Witness Outreach activities to increase public awareness of services available to crime victims.			
<b>Justification for position (explain how the position is essential and allowable under the VWP GUIDELINES):</b>			
This position is considered key personnel and is one of the most important because of the daily direct contact and service delivery provided to crime victims. The staff often work numerous hours and work at a deficit because of the increased crime rate, victim/witnesses, growth of Commonwealth's Attorney's and lack of victim/witness staff to accommodate the growth. Without this position our statistical data decreases giving a false illusion of need. This position is an integral part of this office and services would suffer without it.			
<b>Requested Employee Fringe Benefits Total = \$ 13,941</b>			
<b>Description of Fringe Benefits (include rates for each):</b>			
FICA = \$3,530	Retirement = \$3,597	Group Life = \$605	Health Insurance = \$6,209
Workers' Comp =	Unemployment =	Disability =	
Other (describe) =			

# VWP Fiscal Year 2019-21 Budget Narrative Template

<b>Name of Employee: Hannah Hall</b>			
Position is: <input checked="" type="checkbox"/> <b>Full Time</b> (2080 hours per year) or <input type="checkbox"/> <b>Part Time</b> - Total hours per year: _____			
<b>Total Annual Salary</b> (grant-funded plus other sources):	<b>Number of Grant-Funded Hours</b> (hours per year):	<b>Grant-Funded Full-Time Equivalent ("FTE")</b> (divide grant-funded hours by 2080):	<b>Total Salary Amount Requested from Grant</b> (do not include fringe):
\$ 40,200	2080		\$ 40,200
<b>Description of position (include position title and grant-related duties performed):</b>			
Hannah is a Victim Witness Specialist for the Hampton Victim-Witness grant program. She is a full-time employee working 2080 hours per year. To provide direct services to crime victims pursuant to code section 19.2-11.01 on the Juvenile and Domestic Relations team which prosecutes cases involving juveniles who commit crimes of sexual assault, robbery, burglary, malicious wounding, homicides and other crimes against persons. These services include but are not limited to: Virginia Victims' Fund assistance, Restitution, Victim Impact Statements, Victim Notification and Interpreters.			
<b>Justification for position (explain how the position is essential and allowable under the VWP GUIDELINES):</b>			
This position is considered key personnel and is one of the most important because of the daily direct contact and service delivery provided to crime victims. The staff often work numerous hours and work at a deficit because of the increased crime rate, victim/witnesses, growth of Commonwealth's Attorney's and lack of victim/witness staff to accommodate the growth. Without this position our statistical data decreases giving a false illusion of need. This position is an integral part of this office and services would suffer without it.			
<b>Requested Employee Fringe Benefits Total = \$ 13,697</b>			
<b>Description of Fringe Benefits (include rates for each):</b>			
FICA = \$3,075    Retirement = \$3,597    Group Life = \$527    Health Insurance = \$6,209 Workers' Comp =                      Unemployment =                      Disability = Other (describe) = <b>\$289 VRS LTC (hired after January, 2017)</b>			

**ATTACHMENT 3**

**Annual Targets for Victim/Witness Program Service Objectives (Victims)**

**Directions:** Please indicate the number of victims your program proposes to serve in FY2019, FY2020, and FY2021. In addition, list the number of victims who will receive specific services. (See Victim/Witness Codebook for complete service objectives. Please note: not every victim will receive every service below.)

\* Total number of Direct Service Victims to be Served by Program in FY2019 1900      FY2020 1925      FY2021 1975

Service Provided				Goals			Service Provided				Goals		
<b>Information &amp; Referral Services</b>				FY19	FY20	FY21	<b>Personal Advocacy / Accompaniment, Cont.</b>				FY19	FY20	FY21
1. Criminal Justice Process				1050	1075	1100	8. Medical Forensic Exam Perform / Collect				0	0	0
2. Victims' Rights Explanation							9. Law Enforcement				20	25	30
A. Protection				675	700	725	10. Individual Advocacy				50	55	60
B. Financial Assistance & Social Services				750	755	760	11. Immigration Assistance				5	5	5
C. Notices				850	850	875	12. Intercession						
D. Victim Input				850	850	875	A. Employer				115	120	125
E. Courtroom Assistance				1800	1825	1850	B. Creditor				10	10	10
F. Appeal/ Habeas Corpus Services				20	20	20	C. Landlord				5	5	5
3. Referral to Other Victim Services Program				50	50	50	D. Academic Institution				20	30	40
4. Referral to Other Victim Services Programs							13. Child / Dependent Care				5	5	5
A. Crisis Referrals				35	45	50	14. Transportation Services				20	25	30
B. Crime Prevention				5	5	5	A. Transportation provided by Agency				0	0	0
C. Emergency Assistance				15	20	20	B. Reservations				75	75	75
5. Victims' Compensation				70	75	80	C. Reimbursement				75	75	75
<b>Personal Advocacy / Accompaniment</b>							15. Interpreter Services				10	15	15
6. Emergency Medical Care				5	5	5							
7. Medical Forensic Exam Accompaniment				0	0	0							




**Victim Service Goals Cont.**

Service Provided	Goals			Service Provided	Goals		
<u>Emotional Support or Safety Services</u>	FY19	FY20	FY21	<u>Criminal / Civil Justice System Assistance, Cont.</u>	FY19	FY20	FY21
16. Crisis Intervention	75	80	85	28. Restitution Assistance			
17. Hotline / Crisis Line Counseling	0	0	0	A. Explanation	1000	1010	1020
18. On-Scene Crisis Response	0	0	0	B. Monitoring	200	210	220
19. Individual Counseling	15	20	25	C. Collection	10	10	10
20. Support Groups	15	20	25	D. Enforcement	10	20	25
21. Other Therapy	15	20	25	29. Business Restitution			
22. Emergency Financial Assistance	10	20	25	A. Explanation	1000	1025	1030
<u>Shelter / Housing</u>				B. Monitoring	200	200	200
23. Emergency Shelter / Safe House	5	5	5	C. Collection	5	5	5
24. Transitional Housing	5	5	5	D. Enforcement	5	5	5
25. Relocation Assistance	5	5	5	30. Protective Order			
<u>Criminal / Civil Justice System Assistance</u>				31. Family Law Issues Assistance	1	1	1
26. Event Notification				32. Other Emergency Justice-Related Assistance	10	15	20
A. Case Studies	1625	1650	1675	33. Immigration Attorney Assistance	1	1	
B. Case Dispositions	1000	1010	1020	34. Prosecution Interview			
C. Advanced Notification	1000	1010	1020				
27. Victim Impact Statement	1000	1010	1020				

**Victims Service Goals, Cont.**

Service Provided	Goals			Service Provided	Goals		
<u>Criminal / Civil Justice System Assistance, Cont.</u>	FY19	FY20	FY21	<u>Other</u>	FY19	FY20	FY21
35. Criminal Advocacy / Accompaniment				36. Other			
A. Notification Assistance	100	115	125		0	0	0
B. Liaison re: Prisoner Status	300	310	320				



C. Confidentiality Forms	30	35	45	<p style="text-align: center;"><b>KEY</b></p> <p> INDICATES SERVICES REQUIRED BY VCVWRA</p> <p> INDICATES SUBCATEGORIES OF SERVICES REQUIRED BY VCVWRA</p> <p> INDICATES SERVICES NOT REQUIRED BY VCVWRA BUT RECOGNIZED BY AND REPORTED BY VOCA.</p>
D. Criminal Justice Process				
i. Support	1000	1015	1020	
ii. Explanation of Steps	1000	1015	1020	
E. Parole Input	5	5	5	
F. Escort	50	55	65	
G. Closed Preliminary Hearing	10	10	10	
H. Closed Circuit TV	2	2	2	

## Annual Targets for Victim/Witness Program Service Objectives (Witnesses)

**Directions:** Please indicate the number of witnesses your program proposes to serve in FY2019, FY 2020 and FY2021. In addition, list the number of witnesses who will receive specific services below. (See Victim/Witness Codebook for complete service objectives. Please note: not every witness will receive every service below.)

\* Number of Direct Service Witnesses to be Served by Program in FY2019 250      FY2020 275      FY2021 300

Service Provided	Goals			Service Provided	Goals		
	FY19	FY20	FY21		FY19	FY20	FY21
1. Witness' Rights Information (Pre-Printed)	100	110	120	3. Protection	20	30	45
2. Witness' Rights Explanation				4. Intercession - Employers	20	30	45
A. Protection	75	75	75	5. Assistance w/ Interpreter Services	5	5	5
B. Employer Services	50	50	50	6. Dispositions	30	40	40
C. Confidentiality	10	10	10	7. Courtroom Explanations	50	50	50
D. Interpreter Service	5	5	5	8. Courtroom Tours	50	50	50

\* Denotes the total number includes individuals who may have been counted more than once during the reporting period.

### ATTACHMENT 3

#### Program Development

Check below to indicate whether these requirements have been met or will be met.

- |    |                                |     |                                     |  |
|----|--------------------------------|-----|-------------------------------------|--|
| 1. | <b>@Separate Waiting Areas</b> | Yes | <input checked="" type="checkbox"/> | No   |
| 2. | Directory of Services          | Yes | <input checked="" type="checkbox"/> | No   |
| 3. | Continuance Notification       | Yes | <input checked="" type="checkbox"/> | No   |
| 4. | Campus Sexual Assault          | Yes |                                     | No   |
|    |                                |     |                                     | <input checked="" type="checkbox"/> Service Provision # of Hours |

#### Other Required Certifications

Check below to indicate agreement to comply with limitation on witness services, non-supplantation, evaluation and reporting requirements, confidentiality, and use of volunteers.

- Grant funded staff hours devoted to the provision of services to witnesses will be limited to 5% or less:  
Yes  No
- Grant funds will enhance or expand direct services to crime victims and witnesses and will not be used to supplant (replace) other funds. Grant funds may **not** be used to replace or substitute for state and/or local government funds that would otherwise be available for crime victim assistance services. Yes  No

3. Applicant agrees to collect required evaluation and reporting data and submit it to DCJS by the 12th working day after the close of each quarter and comply with any other programmatic and financial reporting requirements. Yes  No
4. Applicant agrees to maintain confidentiality of client-counselor information, as required by law. See attachment 9 for sample Confidentiality Statement. Yes  No
5. Applicant agrees to use volunteers. The Victim/Witness Program will use volunteers and interns to provide direct and generic services to crime victims and witness under the supervision of program staff. The volunteers or interns can be recruited from local high schools and area colleges or universities and will be trained and supervised by program staff members. Yes  No

® Denotes required by Virginia's Crime Victim and Witness Rights Act.

**VICTIMS OF CRIME ACT****GENERAL GRANT CONDITIONS AND ASSURANCES**

The applicant gives assurances and certifies with respect to the grant for which it is applying that it will comply with the following requirements in the event that the grant is awarded:

1. The applicant will comply with all applicable provisions of the federal Victims of Crime Act (VOCA) of 1984, as amended, (see 42 U.S.C. 10601, et. seq.) the Program Guidelines, and the requirements of the OJP Financial Guide, effective edition. Additionally, the applicant will comply with the Department of Criminal Justice Services' (DCJS) program guidelines and grant conditions.
2. The applicant assures that fund accounting, auditing, monitoring, and such evaluation procedures as may be necessary to keep such records as the Department of Criminal Justice Services shall prescribe shall be provided to assure fiscal control, proper management, and efficient disbursement of funds received under this grant.
3. REPORTS: The applicant agrees to submit such reports as the DCJS shall reasonably request. Financial and progress reports shall be submitted to the DCJS on the 12th working day following the close of each quarter. The applicant further agrees to upload quarterly progress data required by the federal Office for Victims of Crime (OCV) to the Performance Management Tool (PMT) in accordance with OVC requirements.
4. INSPECTION AND AUDIT: The applicant agrees to comply with the organizational audit requirements of OMB Circular A-128, "Audits of State and Local Governments." In conjunction with the beginning date of the award, the audit report period of the government entity to be audited under the single audit requirement is the start-date of the project through the end-date of the project as noted on the Statement of Grant Award/Acceptance. The audit report shall be submitted no later than one (1) year from the end-date of the grant award as stated on the Statement of Grant Award/Acceptance, and for each audit cycle thereafter covering the entire award period as originally approved or amended. The management letter must be submitted with the audit report. A copy of all audits must be forwarded to the DCJS.
5. The applicant will comply, where applicable, with the following:
  - a. National Environment Policy Act (28 CFR 61)
  - b. Flood Plain Management and Wetland Protection Procedures (28 CFR 63)
  - c. National Historic Preservation Act (16 USC 470)
  - d. Uniform Relocation Assistance and Real Property Acquisitions Policies Act of 1970. (28 CFR 52)
  - e. Clean Air Act, P. L. 88-206, 42 USC 1857, et. seq.
  - f. Safe Drinking Water Act, P. L. 93-523, 42 USC 3001, et. seq.
  - g. Endangered Species Act of 1973, P. L. 93-205, 16 USC 1531, et. seq.

h. Wild and Scenic Rivers Act, P. L. 90-542, 16 USC 1271, et. seq.

i. Fish and Wildlife Coordination Act, P. L. 85-624, 16 USC 661, et. seq.

j. Historical and Archaeological Data Preservation Act, P. L. 93-291, 16 USC 2469, et. seq.

k. Coastal Zone Management Act of 1979, P. L. 92-583, 16 USC 1451, et. seq. and the Coastal Barrier Resources Act of 1982 (P.L. 97-348)

l. Animal Welfare Act of 1970, P. L. 91-579, 7 USC 2131, et. seq.

m. Impoundment Control Act of 1974, P. L. 93-344, 31 USC 1401, et. seq.

n. The Fair Labor Standards Act, if applicable.

6. POLITICAL ACTIVITY: The restrictions of the Hatch Act, Pub. L. 93-433, 5 USC Chapter III, (as amended), concerning the political activity of government employees are applicable to applicant staff members and other state and local government employees whose principal employment is in connection with activities financed, in whole or in part, by grants. Under a 1975 amendment to the Hatch Act, such state and local government employees may take an active part in political management and campaigns except they may not be candidates for office.

7. DISCRIMINATION PROHIBITED: No person shall, on the grounds of race, religion, color, national origin, sex, or handicap be excluded from participation in, be denied the benefits or be otherwise subjected to discrimination under or denied employment in connection with, grants awarded pursuant to the Justice Assistance Act of 1984, and the implementing regulations 28 CFR Part 42, Subparts C, D, E, and G, or any project, program, activity, or subgrant supported or benefiting from the grant. The applicant must comply with the provisions and requirements of Title VI of the Civil Rights Act of 1964 and its implementing regulations 28 CFR 41.101 et. seq.. The applicant must further comply with Section 504 of the Rehabilitation Act of 1973, as amended, and its implementing regulations; the Age Discrimination Act of 1973, as amended, and its implementing regulations and Title IX of the Education Amendments of 1972; Title II of the Americans with Disabilities Act (ADA)(1990); (42 USC. 12131-12134 & 28 CFR 35)

8. EQUAL EMPLOYMENT OPPORTUNITY PROGRAM: The applicant certifies that it has executed and has on file, an Equal Employment Opportunity Program which conforms with the provisions of 28 CFR Section 42.301, et. seq., Subpart E, or that in conformity with the foregoing regulation, no Equal Employment Opportunity Program is required.

An applicant organization having 50 or more employees and receiving amounts of \$500,000 or more, or grants which in the aggregate exceed \$500,000 or more, in any fiscal year must submit a copy of its Equal Employment Opportunity Plan (EEO Plan) to the DCJS for review. For continuation grant funding that exceeds this amount in any fiscal year, the applicant must submit a statistical update from the previous years plan.

9. The applicant assures that in the event a federal or state court or federal or state administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin or sex against a recipient of funds, the recipient will forward a copy of the finding to the DCJS.

10. RELEASE OF INFORMATION: All records, papers and other documents kept by recipients of DCJS funds, and their contractors, relating to the receipt and disposition of such funds, are required to be made available to the DCJS. These records and other documents submitted to DCJS and its applicants pursuant to

Attachment 4  
other provisions of the Act, including plans and applications for funds, are required to be made available to DCJS under the terms and conditions of the Federal Freedom of Information Act, 5 USC 552.

11. INFORMATION SYSTEMS. With respect to programs related to criminal justice information systems, the applicant agrees to comply with the provisions of 28 CFR, Part 20 governing the protection of the individual privacy and the insurance of the integrity and accuracy of data collection. The applicant further agrees:

a. That all computer programs (software) developed with funds provided by this grant will be made available to the DCJS for transfer to authorized users in the criminal justice community without cost other than that directly associated with the transfer. The software will be documented in sufficient detail to enable potential users to adapt the system, or portions thereof, to usage on a computer of similar size and configuration.

b. To provide a complete copy of the computer programs and documentation, upon request, to the DCJS. The documentation will include but not be limited to system description, operating instruction, program maintenance instructions, input forms, file descriptions, report formats, program listings, and flow charts for the system and programs.

c. That whenever possible all application programs will be written in standardized programming languages (i.e., ANSI, COBOL, FORTRAN, BASIC, etc.) for use on general operating systems (e.g., DOS, CP/M, UNIX, etc.) that can be utilized on at least three different manufacturer's computers of similar size and configuration.

d. To avail itself, to the maximum extent possible, of computer software already produced and available without charge. The Department of Criminal Justice Services should be contacted to determine availability of software prior to any development effort.

12. CONFIDENTIALITY OF RESEARCH INFORMATION: Research information identifiable to an individual, which was obtained through a project funded wholly or in part with DCJS grant funds, shall remain confidential and copies of such information shall be immune from legal process, and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial or administrative proceeding (28 CFR Part 22).

13. CRIMINAL INTELLIGENCE SYSTEMS OPERATING POLICIES: The applicant agrees to be in compliance with all policies as expressed under the Code of Federal Regulations, 28 CFR 23, concerning the operation of criminal intelligence systems supported with grant funds.

14. COPYRIGHT: Except as otherwise provided in the conditions of the award, the author is free to arrange for copyright without approval when publication or similar materials are developed from work under a DCJS supported project. Any such copyright materials shall be subject to the DCJS's right to reproduce them, translate them, publish them, use and dispose of them, and to authorize others to do so for government purposes. In addition, communications in primary scientific or professional journals publishing initial reports or research or other activities and supported in whole or in part by the DCJS project funds may be copyrighted by the journal with the understanding that individuals are authorized to make or have made by any means available to them, without regard to the copyright of the journal, and without royalty, a single copy of any such article for their own use. State employees who develop copyrights during work hours, or within the scope of their employment, or when using state-owned or state-controlled facilities, the copyrights vest in the Commonwealth.

15. PATENTS: If any discovery or invention arises or is developed in course of or as a result of work performed under this grant, the applicant shall refer the discovery or invention to DCJS. The applicant hereby agrees that determination of rights to inventions made under this grant shall be made by the DCJS or its duly authorized official representative, who shall have the sole and exclusive powers to determine whether or not and where patent application should be filed and to determine the disposition of all rights in such inventions, including title which may issue thereon. The determination of the DCJS, or its duly authorized representative shall be accepted as final. In addition, the applicant hereby agrees and otherwise recognizes that the DCJS shall acquire at least an irrevocable non-exclusive royalty-free license to practice and have practiced throughout the world for governmental purposes any invention made in the course of or under this grant. The grant shall include provisions appropriate of effectuating the purpose of this condition in all contract of employment, consultant's agreements, or contracts.

16. The applicant assures that funds made available under this grant will be used to enhance or expand services and will not be used to supplant state and local funds that would otherwise be available for crime victim services.

17. Confidential expenditures for services, evidence and/or information must comply with the requirements stated in the Administrative Guide and Application Procedures Manual, Chapter 5, entitled Confidential Funds.

18. BIO MEDICAL EXPERIMENTATION: The applicant assures that no grant funds will be used for any biomedical or behavior control experimentation on individuals or any research involving such experimentation.

19. Any publications (written, visual or sound) whether published at the recipients or the governments expense shall contain the following statements:

This project was supported by the Department of Criminal Justice Services (DCJS) award no. (DCJS grant no.) from funds made available to Virginia by the Office for Victims of Crime of the Office of Justice Programs, U.S. Department of Justice.

The opinions, findings, conclusions or recommendations expressed are those of the authors and do not necessarily reflect the views of DCJS or the U.S. Department of Justice.

CERTIFICATION

I certify that all the information presented is correct, that there has been appropriate coordination with affected agencies, and that the applicant 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.

\_\_\_\_\_  
 Authorized Official  
 Date 4/18/18

CITY OF HAMPTON  
 OFFICE OF THE CITY ATTORNEY  
 Approved as to form and legal sufficiency  
 Date: 4/18/18  
 [Signature]  
 City Attorney

**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

**U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. 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 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) 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 Justice determines to award the covered transaction, grant, or cooperative agreement.

**1. LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000 as defined at 28 CFR Part 69, the applicant certifies that:

(a) 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 any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) 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 grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements) and subcontracts) and that all subrecipients shall certify and disclose accordingly.

**2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)**  
As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered

transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application 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 anti-trust 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 had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)**

As required by the drug-free Workplace Act of 1988, and implemented at 28 CFR Parts 67, Subpart F, for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620--

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about--



- (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
  - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will---

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

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

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

Section 67.630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check  if the State has elected to complete OJP Form 4061/7.

**DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67; Sections 67.615 and 67.620---

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

(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 no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 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: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531. 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

(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).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

I. Grantee Name and Address:

Hampton Victim Witness Services 236 N. King Street HPT VA

2. Application Number and/or Project Name

18-X8574VW16

3. Grantee IRS/Vendor number

16.575

4. Typed Name and Title of Authorized Representative

Mary Bunting-City Manager

5. Signature

6. Date

4/15/18

CITY OF HAMPTON  
OFFICE OF THE CITY ATTORNEY  
Approved as to form and legal sufficiency  
Date: 4/15/18  
~~\_\_\_\_\_  
City Attorney~~

**CASH FUNDS FROM SOURCES OTHER THAN GRANT PROGRAM SUPPORTING THIS PROJECT**

The Hampton Victim Witness Program has had an extremely good working relationship with the city since the inception of the program in 1984. The City of Hampton has continued to support the program with a substantial cash contribution each year. When there are increases in salaries and or benefits not covered by the grant, the city provides the increase through the General Fund. The Commonwealth's Attorney who is the host agency for the program has always provided support and financial assistance to the program as needed by absorbing costs in his annual budget.

The Coliseum Central Business Improvement District's Security Committee has included the Victim Witness Program in the yearly budget specifically to help promote and increase awareness of services during National Crime Victims' Rights Week. The amount contributed each year is \$500.00.

**NON-SUPPLANTATION**

Each year the Victim Witness program is required to complete paperwork to include an Agenda Review and Resolution and has to go before City Council to receive the cash contribution. This process is comparable to writing the grant. It details the amount received from the grant in addition to the amount contributed and how it will be used. The local Finance and Budget Departments have safeguards in place to ensure that the Federal dollars are being used to supplement existing state and local funds for program activities. The current city contribution of \$124,320 is being used to fund an Administrative Assistant position's salary and fringe, supplements salary and fringe of the 6 positions on the grant, office supplies, maintenance contracts, cellular phone service, equipment, subsistence and lodging and conventions and education. The approved/requested amount through the city for FY 2019-2021 is \$137,880.00.

**List of Current Cooperative Agreements  
For the Hampton Victim-Witness Assistance Program**

Each Cooperative Agreement is in effect for a period of 3 years and will be reviewed in July of the year it expires.

Hampton Commonwealth's Attorney's Office (Expires 2019)

Hampton Police Division (Expires 2019)

Hampton Magistrate's Office (Expires 2019)

Hampton Sheriff's Department (Expires 2019)

The Center for Sexual Assault Survivors, Inc (Expires 2019)

Transitions Family Violence Services (Expires 2018)

Children's Hospital of The King's Daughters (Expires 2019)

**SIGNATURE AUTHORITY'S CERTIFICATION:** As the Project Administrator for the above Grantee, I certify, by my signature on page two (2), that I have read and am fully cognizant of our duties and responsibilities under this Certification.

**1. REQUIREMENTS OF GRANT RECIPIENTS:** All grant recipients (regardless of the type of entity or the amount awarded) are subject to prohibitions against discrimination in any program or activity, and must take reasonable steps to provide meaningful access for persons with limited English proficiency.

- I certify that this agency will maintain data (and submit when required) to ensure that our services are delivered in an equitable manner to all segments of the service population; our employment practices comply with Equal Opportunity Requirements, 28 CFR 42.207 and 42.301 *et seq.*; our projects and activities provide meaningful access for people with limited English proficiency as required by Title VI of the Civil Rights Act. (See also, 2000 Executive Order #13166).
- I also certify that the person in this agency or unit of government who is responsible for reporting civil rights findings of discrimination will submit these findings, if any, to the DCJS within 45 days of the finding, and/or if the finding occurred prior to the grant award beginning date, within 45 days of the grant award beginning date.

I acknowledge that I viewed the training on Civil Rights available on the DCJS website (Victims Services page) or at <https://ojs.gov/about/ocr-training-videos/video-ocr-training.htm>. I accept responsibility for ensuring that project staff understands their responsibilities as outlined in the presentations. I understand that if I have any questions about the material presented and my responsibilities as a grantee that I will contact my grant monitor.

PROJECT DIRECTOR SIGNATURE \_\_\_\_\_  
 DATE 4-18-18

**GRANTEE NAME & ADDRESS:**  
 Name: City of Hampton  
 Street: 22 Lincoln Street  
 City/State/zip Code: Hampton, VA 23669  
 Email: nclark@hampton.gov

**PERSON RESPONSIBLE FOR REPORTING CIVIL RIGHTS FINDINGS OF DISCRIMINATION:**  
 Name: Nicole Clark-Director of Human Resources  
 Street: 22 Lincoln Street  
 City/State/zip Code: Hampton, VA 23669  
 Email: nclark@hampton.gov

**PROJECT DIRECTOR:** Karla C. Reaves  
 PHONE: 757-728-3006

**PROJECT DURATION:** 3 years

**AWARD (\$):** 402,934

**FROM:** July 1, 2018 **TO:** June 30, 2021

**GRANT NUMBER:** 18-X8574VV16

**PROJECT TITLE:** Hampton Victim Witness

**INSTRUCTIONS:** Please read this form completely, identify the person responsible for reporting civil rights findings, certify that the required Civil Rights training has been completed by the Project Director, and check only one certification under "I" that applies to your agency. Your Project Administrator must sign at the bottom of page 2, forward a copy to the person identified as being responsible for reporting civil rights findings, and return the original to grantsmgmt@dcs.virginia.gov within 45 days of the grant award beginning date.

Virginia Department of Criminal Justice Services  
 CERTIFICATION OF COMPLIANCE WITH REGULATIONS  
 OFFICE FOR CIVIL RIGHTS, DEPARTMENT OF JUSTICE



**CERTIFICATION OF COMPLIANCE WITH REGULATIONS  
OFFICE FOR CIVIL RIGHTS, DEPARTMENT OF JUSTICE (Continued)**

II.

**EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEO) CERTIFICATIONS:** Check the box before **ONLY ONE**

**APPROPRIATE CERTIFICATION (A, B, or C below)** that applies to this grantee agency during the period of the grant duration noted on page one (1).

**CERTIFICATION "A" [Applicable, if (1), (2) or (3) apply.]** This is the Certification that most non-profits and small agencies will use. Check all that apply to your entity.

This funded entity:

(1) Is an educational, medical or non-profit organization or an Indian Tribe;

(2) has less than 50 employees;

(3) was awarded through this single grant award from the Virginia Department of Criminal Justice Services less than \$25,000 in federal U.S. Department of Justice funds.

Therefore, I hereby certify that this funded entity is not required to maintain an EOP, pursuant to 28 CFR §42.302, but is required to submit a Certification (<https://ojp.gov/about/ocr/eeop.htm>).

**CERTIFICATION "B" (Applicable to all entities that do not qualify for Certification "A" above)**

This funded entity, as a for-profit entity or a state or local government having 50 or more employees (counting both full- and part-time employees but excluding political appointees) and is receiving, through this single grant award from the Virginia Department of Criminal Justice Services, more than \$25,000, in federal U.S. Department of Justice funds.

Therefore, I hereby certify that the funded entity will prepare and submit an EOP and Certification at <https://ojp.gov/about/ocr/eeop.htm>, within 60 days of the award. The EOP shall be submitted in accordance with 28 CFR §42, subpart E, to Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice that will include a section specifically analyzing the grantee (implementing) agency. (If you have already submitted an EOP applicable to this time period, send a copy of the letter received from the Office for Civil Rights showing that your EOP is acceptable.)

As the Project Administrator for the above grantee, I certify, by my signature below, that I have read and am fully cognizant of our duties and responsibilities under this Certification. I, hereby, also certify that the content of this form, other than the data entry required, has not been altered.

PROJECT ADMINISTRATOR SIGNATURE	TYPED NAME
DATE	TITLE

This signed form must be returned to [grantsmgmt@dcjs.virginia.gov](mailto:grantsmgmt@dcjs.virginia.gov) at the Virginia Department of Criminal Justice Services, 1100 Bank Street, Richmond, VA 23219, within 45 days of the grant award beginning date. You must also forward a signed copy to the person identified in the box above.