Peer-Supported Critical Incident Stress Management Grant Solicitation

Guidelines and Application Procedures

Application Due Date
April 19, 2021

Virginia Department of Criminal Justice Services
1100 Bank Street, Richmond, Virginia 23219
www.dcjs.virginia.gov

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I. Introduction

The Virginia Department of Criminal Justice Services (DCJS) is pleased to announce the availability of $300,000 in state general funds to support services for law enforcement. DCJS is soliciting applications from nonprofit organizations that provide post-critical incident seminars and peer-supported critical incident stress management programs to law enforcement agencies and their staff through a statewide implementation of services.

Law enforcement peer support programs are recognized as an effective approach to provide assistance to officers to help them address the stress and challenges of their profession. Peer support programs can provide more awareness training to officers, improve access to and increase the effectiveness of existing resources, and help officers overcome their reluctance to seek help. To be effective, peer support programs should make participants feel that they are free to share their experiences and struggles among an accepting and supportive audience.

Critical Incident Stress Management (CISM) is a method of helping first responders and others who have been involved in critical incidents who have become emotionally and/or physically affected by those incidents. CISM is a process that enables peers to help their peers understand problems that might occur after an event. This process also helps people prepare to continue to perform in their profession or in some cases return to a normal lifestyle.

II. Eligibility

Applicants must be 501(3)(c) non-profit organizations registered with the U.S. Internal Revenue Service.

III. Grant Priorities

Applicants must have well-established partnerships with law enforcement agencies in Virginia and have demonstrated experience in providing Peer-Supported Critical Incident Stress Management training, seminars, programs, and technical assistance. Peer support providers must ensure the confidentiality of communications with law enforcement officers or advise them of limits to confidentiality and/or instances when confidentiality cannot be maintained.

Applicants should demonstrate experience in developing post-critical incident stress management seminars and peer-supported critical incident stress management programs to law enforcement agencies and their staff. Within the Project Goals and Objectives Form and in the Project Description, applicants should document the expected timeline of the project throughout the entire grant period.

Applicants should address how they will provide geographically diverse support to law enforcement officers. The expected number of seminars and the estimated number of officers who will be supported through these programs should also be included. Applicants should provide resumes and qualifications of expected trainers for the post critical incident stress management seminars.

IV. Grant Application Deadline

Applications must be submitted in the DCJS Online Grants Management System (OGMS) no later than 5:00 p.m. on April 19, 2021. The system will not allow an application to be submitted after the deadline, therefore, late applications will not be considered. Allow time for any possible technical difficulties you may experience since the application will not

be accepted after the deadline. Instructions on how to register in OGMS are available as an attachment. Please note that the registration process can take a number of days.

V.   Amount Available

The amount of funding available for this grant program is determined by the state budget bill. The General Assembly recently passed the 2021 Appropriations Act that includes $300,000 for the Peer-Supported Critical Incident Stress Management Grant Program in FY22. It is anticipated that this funding will remain in the final budget the Governor signs.

Grant awards are dependent upon the availability of proposed funding within the state budget bill. Each applicant will be competing against other applicants in this competitive solicitation. Each application will be rated on its quality and adherence to these guidelines.

VI.   Grant Period

Successful applicants will be funded for a 48-month period, from July 1, 2021 through June 30, 2025. However, continuation of funding after the first year is subject to program performance and availability of state funding. Grants for the first year will be awarded on a competitive basis for one (1) 12-month period beginning July 1, 2021 and ending on June 30, 2022.

VII.   Match Requirement

There is no match requirement for the grant program.

VIII. Restrictions

- Grant funds cannot be used to supplant state or local funds that would otherwise be available for the same purposes.
- **Reimbursement will be based on paid invoices for approved expenditures or through requested advance drawdowns with expected expenditures.**
- Changes to the grant budget after award must be approved by DCJS prior to expending funds based on the changes.
- Transactions occurring outside of the grant period will not be eligible for reimbursement.

IX.   Availability of Continuation Funding

Awards made through this program does not guarantee funding awards in subsequent years. In addition to the availability of funds, a project's implementation, performance, compliance with reporting requirements, and any special conditions placed on the grant are key factors in determining eligibility for continuation funding.

X.   Application Forms and Instructions

Each application for Peer Supported Critical Incident Stress Management Grant Program funding **must be submitted using the DCJS On-line Grant Management System (OGMS)**. Email files or paper applications will not be accepted. All required fields must be completed in order to submit your application. Do not include any items not requested such as letters of support, annual reports, publicity articles, etc.

General Information: The Application Creation Wizard will assist you in completing the application's General Information form. Step 1 of the Wizard requires an application title and a primary contact. The application title should include the agency's name and the grant program (e.g. Critical Incident Stress Management FY22).

The primary contact is the individual in your agency who will be designated as the primary person responsible for the application and grant from your locality. This individual will receive automated email notifications when your attention is needed on the application or grant. It is recommended that the Project Director (definition under Face Sheet) be listed as the primary contact. You will be able to add other persons to give them access to edit the application or associate them later if the grant is awarded. No information can be released to an individual not associated with the grant in OGMS.

After General Information has been finished, you have the ability to complete the application in any order or save to return at another time.

Face Sheet: **required**
- *Congressional District*: Select the Congressional District(s) that will benefit from the program. To select more than one, hold down the Ctrl key.
- *Best Practice*: This does not apply to the Peer Supported Critical Incident Stress Management Grant Program (it is only required for JJDP programs).
- *Jurisdiction(s) Served*: Select all jurisdiction(s) served.
- *Program Title:* Provide a program title that includes the agency's name and the grant program (e.g. Critical Incident Stress Management FY22).
- *Certified Crime Prevention Community*: Click the hyperlink on the form to see if your locality is certified.
- *Type of Application*: For this funding opportunity, you will choose "New."
- *Community Setting*: Check the box(es) that best describes the applicant service area.
- *Brief Project Overview*: Provide a short description of the proposed project (maximum of 750 characters).
- *Project Director*: List the person who will have the day-to-day responsibility for managing the project, and provide all required contact information.
- *Project Administrator*: Name and contact information for the individual (Administrative and Fiscal Agent) who has the authority to formally commit the organization to complying with all the terms of the grant application, including the provision of the required match, if applicable. This title may vary in a non-profit organization. In a locality, this individual is usually the County Administrator or City Manager.
- *Finance Officer*: List the person who will be responsible for the fiscal management of the funds and provide all required contact information.

Budget: required
- *Budget*: Click "Edit Grid" and enter your requested state amount under the "State" column.

Project Narrative: All questions in this section are **required**.
- *Demonstration of Need*: Provide a description of your agency and a description of the unmet need or problem that the grant project will address. Describe your existing resources and services that are available to address the identified problems, and state why those resources and services are not adequate to address the unmet needs (maximum of 5000 characters).
- *Project Description*: Provide a detailed description of the project design and planned

implementation activities. Describe how the project will reach the stated goals and the capabilities of your organization to implement and manage the project. The project description should tie implementation activities to project goals and objectives (maximum of 5000 characters).

- *Service Area Demographic/Target Population*: Provide a brief description of the target population to be served by your organization (maximum of 5000 characters).
- *Sustainment Plan*: Provide a brief description of how your organization will continue to provide the proposed services after grant funding ends (maximum of 5000 characters).

Goals and Objectives: This section is **required** under this grant program. You should answer "Yes" when asked, "Are Goals and Objectives required by the funding opportunity?"

- *Goal Number*: You can have more than one goal and they should be numbered. This allows you to enter multiple objectives under one goal without having to type it out multiple times.
- *Goals*: This is the outcome of your project and should be broad and general.
- *Objectives*: These directly support the larger goal. They should be narrow, precise, **measureable**, realistic, and capable of being completed within the grant period. A new row should be completed for each objective under a goal.
- *Activities*: This is a list of **measurable** tasks to be undertaken to accomplish the objective. You can have multiple activities per objective.
- *Month*: Mark the month in which implementation steps will start.

Personnel and Employee Fringe Benefits: a new row is required for each position requested under the grant. If a new position is being requested, answer, "Yes" when asked, "Is Personnel being requested?"

Personnel: To request funding for staff, click "Add Row"

- *Employee Name*: Enter the name of the grant funded person. If the position is not currently filled, enter "To Be Determined" or "TBD." If there are more than one TBD, then distinguish the names by adding a number (e.g. TBD-1 and TBD-2).
- *Position Title*: Enter title of the proposed grant funded position.
- *Position*: Indicate if the position is full-time or part-time.
- *Total Hours Per Week:* Include the number of hours dedicated to the grant project per week.
- *Total Hours Per Year:* Include the number of hours dedicated to the grant project per year.
- *Total Annual Salary:* Enter the total annual salary for the position to include grant-funded and other funding sources. This figure should **not** include fringe benefits.
- *Percent being requested:* Enter the percentage of the total annual salary you are requesting the grant to cover.
- *Number of Grant-Funded Hours*: This figure will auto calculate after you save the row and is based on the information you entered in "Total Hours Per Year" and "Percent being requested."
- *Grant-Funded Full Time Equivalent*: this figure will auto calculate after you save the row and is determined by dividing the "Number of Grant-Funded Hours" by 2080 hours.
- *Total Salary Amount Requested from Grant*: This figure will auto calculate after you save the row and is based on information you entered in "Total Annual Salary" and "Percent being requested."
- *New Position***:** Indicate if this is a new position.
- *Personnel Funding:* Break down the "Total Salary Amount Requested from Grant" into State Funds and, if applicable, the appropriate local match field. The "Personnel Total" will auto calculate when you save the row.

- *Employee Fringe Benefits*: To request fringe benefits, click "Add Row"
- *Employee Name:* Choose the name of the employee from the drop down box.
- *Enter the amounts of each benefit requested:* If you enter "Other", you will need to describe and break down the costs of the benefits in the text box labeled. "If Other, Please Describe."
- *Requested Employee Fringe Benefits Total:* This figure will auto calculate after you save the row.
- *Fringe Benefits Funding:* Break down the "Requested Employee Fringe Benefits Total" into State Funds and, if applicable, the appropriate local match field. The "Employee Fringe Benefits Total" will auto calculate when you save the row.
- *Position and Justification*: This section is **required, if a position is requested.** Click "Add Row" to enter the information.
- *Employee Name:* Choose the name of the employee from the drop down box.
- *Description of Position:* The position description should briefly describe grant-related duties performed by the person in the position.
- *Justification for Position*: The justification should explain how the position is essential to the project.

Consultants:
- Indicate if consultants or consultant subsistence and travel costs are included in your budget: yes or no. If "yes" under "Consultant" and "Consultant Subsistence (lodging + meals) & Travel", enter the information required and the amounts for the funding source(s) as appropriate. Under the Description and Justification, select the name of the consultant and enter in the description of consultant's role (maximum of 500 characters) and justification for use of consultant (maximum of 500 characters) for each item.
- Enter a description of each service contracted for and the name of the service provider.

Travel:
- Indicate if travel (mileage) costs are included in your budget: yes or no. If "yes" under "Local Mileage" or "Non-local mileage," enter the number of miles and the mileage rate. Under the Description and Justification, select the mileage being requested and enter in the description of mileage (maximum of 500 characters) and justification for mileage (maximum of 500 characters) for each item.

Subsistence:
- Indicate if subsistence and other travel costs are included in your budget: yes or no. If "yes" under "Subsistence" enter the event title, under "Lodging" enter the number of rooms required, number of nights and rate cost and under "Meals" enter the number of people, number of days, and the per diem rate. Under the Description and Justification, select the event item being requested and enter in the description of cost (maximum of 500 characters) and justification for cost (maximum of 500 characters) for each item.
- Under Other Travel Costs, enter the event title, number of people attending, number of trips with airfare, the rate and other travel costs. Under the Description and Justification, select the event item being requested and enter in the description of costs (maximum of 500 characters) and justification for cost (maximum of 500 characters) for each item.

Equipment:
- Indicate if equipment is included in your budget: yes or no. If "yes" enter the item requested, the cost per item or monthly rate, and the total number of items or months for each item. Under the Description and Justification, select the equipment item being requested and enter

in the description (maximum of 500 characters) and justification (maximum of 500 characters) for each item.

- **Additional Documentation:** Provides the option for applicants to attach supporting documentation for the equipment items and costs. Click "Add New Attachment" and upload the file. In the description box, indicate the equipment item and explain what information the file is providing.

Supplies and Other:
- Indicate if supplies and other included in your budget: yes or no. If "yes" enter the item requested, the cost per item or monthly rate, and the total number of items or months for each item. Under the Description and Justification, select the supply or item being requested and enter in the description (maximum of 500 characters) and justification (maximum of 500 characters) for each item.
- Supplies and Other Operating Expenses include, but are not limited to, rent, utilities, cell/land/fax/internet services, postage, and office supplies.

Indirect Costs:
- This program does not allow indirect charges. Indicate if indirect costs are being requested: yes or no. Select "No".

Attachments:
- Please upload any additional attachments required by this funding opportunity here. [List the documents you want uploaded]

Non-Supplantation:
- The section is required under this grant program. The Project Administrator, or the individual who has been delegated or designated as the signing authority, must certify that the grant funds requested under this grant program will be used to supplement existing funds and will not replace (supplant) funds appropriated for the same purposes.

Civil Rights Certification of Compliance:
- **Certification of Compliance – Project Information:** Is this Applicable to Your Project? Yes or No. Click No, as this is not required for this program.
- **Project Director Certification:** Is this Applicable to Your Project? Yes or No. Click No, as this is not required for this program.
- **Project Administrator Certification:** Is this Applicable to Your Project? Yes or No. Click No, as this is not required for this program.

Authority Certification:
- This section is **required** under this grant program. If the person completing the application is not the Project Administrator, as previously defined, information regarding the signing authority, or the delegation of such authority, should be available upon request.

XI.   Reporting Requirements

Grant recipients must submit quarterly financial and status reports online to DCJS. Failure to comply in a timely manner may result in DCJS withholding disbursement of grant funds and/or termination of the grant. DCJS will provide the grant reporting requirements at the time of grant award. In addition to quarterly reporting, DCJS may request other data for use in

annual reporting to the General Assembly on the use of these funds.

XII. How and Where to Submit Application

Applications must be submitted in the DCJS On-line Grants Management System (OGMS) no later than 5:00 p.m. on April 19, 2021. The system will not allow an application to be submitted after the deadline, therefore, late applications will not be considered. Plan accordingly for any possible technical difficulties you may experience since the application will not be accepted after the deadline. Each application form in OGMS must be marked as complete before you can submit the application. If you receive an alert, you will need to review the form for any missing required information.

XIII. Grant Application Review Process

DCJS staff and outside reviewers will rate the applications based on the priorities outlined above in Section II. The Grants Subcommittee of the Criminal Justice Services Board (CJSB) will review grant application scores and summaries and make funding recommendations to the full CJSB. Final grant approval is at the discretion of the CJSB.

XIV. Technical Assistance

Please contact the following DCJS staff for questions regarding your Peer-Supported Critical Incident Stress Management grant application:

Tracy Matthews: email tracy.matthews@dcjs.virginia.gov or telephone (804) 371-0635

Nicole Phelps: email nicole.phelps@dcjs.virginia.gov or telephone (804) 786-1577

For questions and technical assistance relating to the OGMS system, contact ogmssupport@dcjs.virginia.gov. Please include your grant program area in the Subject line.