Instructions for completing CASA Grant Components

# Grant Application Face Sheet Instructions

Complete the Grant Application Face Sheet by entering the following information:

* *Grant Program:*Enter “Court Appointed Special Advocate (CASA).”
* *Congressional District(s):*Enter the federal congressional district where the CASA program serves.
* *Applicant:*Use this space to provide the name of the organization, locality, or state agency applying.
* *Faith Based Organization:* Does not apply to CASA grants.
* *Applicant Federal ID number:* Enter the applicant organization’s federal identification number.
* *Best Practice:*Does not apply to CASA grants.
* *Jurisdiction(s) Served:*List all local units of government served; include all cities and counties served by the program. It is not necessary to provide zip codes.
* *Program Title:*Enter “Court Appointed Special Advocate (CASA).”
* *Grant Period:*Grants are awarded from July through June, unless otherwise specified.
* *DUNS Number:* Enter the applicant’s DUNS number in this space. (A DUNS number is a federal funding source tracking number used to track federal grants.)
  + **NOTE:** Verify the DUNS number is accurate and active prior to submission of the application.
* *Type of Application:*CASA Grants are all “continuation” grants. Include the FY20 grant number.

Check Rural, Urban, or Suburban depending upon the type of locality served by the applicant.

* *Project Director, Project Administrator, and Finance Officer:*

**NOTE:** There should be a separate individual entered for each position within the organization.

**Project Director** - The person who will have day-to-day responsibility for

managing the project.

**Project Administrator** - The person who has authority to formally commit the locality, state agency or organization to complying with all the terms of the grant application including the provision of any required match. This must be the board chairperson in the case of a non-profit organization; the city, county or town manager; or the chief elected officer of the locality, such as the Mayor or Chairman of the Board of Supervisors. ***If someone other than one of these officials has been delegated the authority to sign, and signs the grant application, provide a copy of the letter, memorandum or other document by which the signing authority was delegated.***

**Finance Officer** - The person who will be responsible for fiscal management of the funds (i.e., Treasurer of the Board).

*Provide fax and email addresses as well as telephone numbers for each person listed.* ***Please list the CASA office address for all addresses (do not provide personal home addresses of board members).***

* *Signature of Project Administrator:* **The Project Administrator (not the Project Director) must sign the grant application**.
* *Brief Project Description:*  Include a short description of the proposed project.
* *Project Budget Summary:*To determine the amount of funds available, please reference the attached FY21 CASA Grant Formula Table.
  + - ***Round figures to the nearest dollar.***
    - List SGF funds in “State” column and VOCA funds in the “Federal” column.
    - Project Budget Summary should match Itemized Budget and Budget Narrative calculations.
* *Matching Funds:*In order to receive a grant, the CASA program must provide cash matching funds equal to 33% of the state-funded portion of the award. For example, if the program requests $40,000 in state funding, a cash match of $13,333 would be required. This calculation is included for reference on the FY21 CASA Grant Formula Table. The value of donated or in-kind services cannot be used to meet a CASA program’s cash match requirement. Federal funds may not be used to meet the match requirement.

So that you are aware, the state funds will be used to meet the VOCA required match of 20%. Grantees do not need to make any special notation this on the budget forms.

# Itemized Budget Form and Budget Narrative Instructions

The project budget is a vital part of the grant application. The Budget Narrative should explain the reason for *each* requested budget item on the Itemized Budget and ***provide the calculation basis for its cost***. All requested items ***must be justified*** and related to the CASA program. VOCA funds must be allocated to direct services for child victims of crime. Since this grant application includes both VOCA and state general fund sources, some budget items may be allocated from state general funds but may not be allowable under VOCA guidelines. Applicants should reference the VOCA Guidelines for guidance on allowable and unallowable budget expenses under VOCA. Please see 28 CFR Part 94, Subpart B - VOCA Victim Assistance Program – (§§94.119 - 94.122) at: <https://www.gpo.gov/fdsys/pkg/FR-2016-07-08/pdf/2016-16085.pdf>.

When completing the Itemized Budget and the Budget Narrative consider the following:

* Each line item of the budget must reflect the same totals across all components of the grant application. For example, the amount requested in Personnel should be the same on the Face Sheet, Itemized Budget and Budget Narratives. Applicants are encouraged to scrutinize documents prior to submission to avoid errors, reduction in awards or special conditions.
* All cash match expenditures supporting this project must be identified on the Itemized Budget and the Budget Narrative. Further, sources of the match funds supporting the project must also be identified. The source of cash match funds will be identified on the Budget Narrative form for each expenditure. Match funds may include, but are not limited to, grants from local sources, fundraising events, individual donors, or local government sources supporting the project.
* All amounts must be rounded to the nearest dollar. For example ***do not*** include figures like this: $45,456.50; instead, round up: $45,457.
* Match funds are not required for each line item. For example, if the program proposes to spend state funds in personnel, cash paid for rent can be shown as match under supplies and other.
* Only include in the match column the amount of match funds that the grant requires.

# Itemized Budget Detailed Instructions

The Itemized Budget is an excel spreadsheet to provide a clear and detailed accounting of how grant funds and match will be allocated. The applicant should complete the Itemized Budget as follows:

* *Section 1 – Personnel/Employees*
* Salaries: List each position by title on the itemized budget form (and name of employee, if available). Show the annual salary rate for the employee and the number of hours to be devoted to the project by the employee. The amount requested should take into account time needed to establish and fill positions and the demands for personnel during the course of the project. (Job descriptions and qualifications of staff should be on file at the agency and available upon request. If there has been a change since the last grant submission, please provide an updated job description.)
* Employee Benefits: Indicate and explain each type of benefit included and the total cost allowable to employees assigned to the program. If this is percentage based, indicate the percentage and include the calculation used.
* *Section 2 – Consultants*

(Please consult with DCJS prior to requesting funds in this category.)

* *Section 3 – Travel*

Itemize total travel expenses of program personnel by local mileage, non-local, and subsistence. Grantees must follow the state’s travel policy unless there is a written local travel policy. The state allows reimbursement for actual reasonable expenses. Mileage is reimbursed at the current federal rate. Transportation costs, such as air and rail fares, are at coach rates. Justify travel by explaining its relevance to job duties and service to child victims.

* *Section 4 – Equipment*

Each major item to be purchased must be separately listed with the unit cost. Each item to be leased or rented must be separately listed with the cost associated with the lease or rental. The Budget Narrative must thoroughly explain the relevance and importance of each item to the program.

*Equipment* is defined in the federal Department of Justice *2017 Grants Financial Guide* as “tangible personal property (including information technology systems) having 1) a useful life of more than one year and 2) a per-unit acquisition cost of $5,000 or greater (or the organization’s capitalization policy, if it is less than $5,000). If the organization does not have a capitalization policy in place, the Federal policy amount of $5,000 must be followed.”

* *Section 5 – Supplies and Other Operating Expenses*
  + All costs should be itemized within this category by major types and show the basis for computation.
  + Many grant requests are denied due to lack of sufficient detail in cost justification and computation.
* Office rental costs must be reasonable and consistent with rents charged in the area.
* *Supplies* are defined in the *2017 Grants Financial Guide* as “all other items of tangible personal property that are not equipment. This includes computing devises that cost less than $5,000 per unit (or the organization’s capitalization threshold, if that is less than $5,000).”
* Supplies and Other Operating Expenses may include, but are not limited to, the following:
  + Rent
  + Utilities
  + Telephone services (local and long distance)
  + Internet access/internet provider contracts
  + Office supplies
  + Vendor maintenance contracts/agreements (not allowable under VOCA rule [www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program](https://www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program))
  + Postage
  + Volunteer Recognition (not allowable under VOCA rules)
  + Audit Costs (not allowable under VOCA rules)
  + Special printing projects (not allowable under VOCA rules)
  + Volunteer and staff training
  + Public relations and advertising
  + Insurance
  + Professional services
  + Membership fees for organization (not individual memberships)
  + Equipment under $5000
* *Section 6 – Indirect Costs*

**Indirect Costs**

***Defining Indirect Costs***: Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. Indirect costs are those that benefit from more than one activity and are common or joint purpose costs. For example, costs of an office manager/receptionist position that answers general phone calls, greets clients, etc. are considered indirect costs.

According to 2 CFR Part 200.56, indirect costs are defined as:

*Those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved.*

The salaries of administrative and clerical staff should generally be treated as indirect costs. Salaries of administrative/clerical staff may be appropriate to include as direct costs ONLY if ALL of the following conditions are met:

1. Administrative or clerical services are integral to a project or activity;
2. Individuals involved can be specifically identified with the project or activity;
3. Such costs are explicitly included in the budget or have the prior written approval of the awarding agency; *AND*
4. The costs are not also recovered as indirect costs.

***Requesting Indirect Costs***: Requesting indirect costs is optional. Applicants do not have to request indirect costs, but it is allowable.To calculate indirect costs, applicants must first determine the Modified Total Direct Costs (MTDC) amount of the project budget. Indirect costs that can be requested are not based on the entire project budget, but on the MTDC amount. Applicants are not required to describe or itemize what is included in the indirect costs.

Applicants have two options when requesting Indirect Costs: using a **formal Indirect Cost Rate Agreement (ICRA)** or using a ***de minimis* rate**. These two options are outlined below.

1. **Indirect Cost Rate Agreement (ICRA)**

* This is a formal rate agreement that an organization has applied for and received from the federal cognizant agency (DCJS does not approve ICRAs)
* Organizations will have a letter or other documentation that lists the federally-negotiated rate
* The rate in the ICRA must be accepted, unless otherwise specified by federal awarding agency
* Can request the percentage (as outlined in the ICRA) of the Modified Total Direct Costs (MTDC) of their budget for indirect costs

1. ***De Minimis* Rate**

* This can be used by organizations that have never had a federally-approved Indirect Cost Rate Agreement
* Can use a rate of up to 10 percent of the Modified Total Direct Costs (MTDC) of their budget for indirect costs

**Use the “MTDC Worksheet”** to calculate the MTDC amount. The Worksheet will also calculate the amount of indirect costs that can be requested. **If Indirect Costs are requested, applicants must submit two additional documents with the grant application:**

1. MTDC Worksheet (Excel document) (Attachment 7)

***AND***

2. Certification of De Minimis Indirect Cost Rate form (Attachment 8)

***OR***

A copy of the applicant’s Indirect Cost Rate Agreement letter/documentation

***Additional Indirect Costs Reporting Requirements***: For organizations that request and receive Indirect Costs, the MTDC Worksheet must be completed each quarter, based on actual expenses. The MTDC Worksheet should be emailed to [grantsmgmt@dcjs.virginia.gov](mailto:grantsmgmt@dcjs.virginia.gov) each quarter.

The actual MTDC amount will determine the amount of Indirect Costs to be reimbursed for that quarter. In other words, the amount of Indirect Costs reimbursed will likely vary from quarter to quarter. The amount of Indirect Costs requested for reimbursement each quarter cannot simply be the total for the year divided by four; the amount must be based on actual MTDC amounts.

* *Section 7 – Cash Funds from Sources Other than Grant Funds Supporting this Project*

Subrecipients must use this budget category to provide a description of the sources and amounts of cash from other sources that support this project. **Do not include the required match in this section.**

# Budget Narrative Form Instructions

Once the Itemized Budget form is completed, the applicant will provide additional details on the proposed expenditures through completion of the Budget Narrative.

* The Budget Narrative form should fully explain the reason for each itemized budget request and provide the basis for its cost. Cost explanations should be ***reasonable, appropriate, and justified.*** All requested items must be thoroughly justified and clearly related to the CASA program.
* The Budget Narrative should articulate clearly the total cost of the expenditures and the breakdown of each grant source requested, as well as matching funds.
* Include all match sources for each expenditure on the Budget Narrative.
* Many grant requests are denied due to lack of sufficient detail in cost justification and computation. Grantees are advised to provide as much detail as possible when making requests for training, supplies, travel, and other non-fixed costs.
* The total amounts requested in each line item and category should equal the amounts requested on the Itemized Budget and the Face Sheet.

Allowable and Unallowable Costs

***General Funds:***

Include costs associated with operating the CASA program that are identified on the proposed overall CASA program budget for FY21. Examples include personnel salaries and benefits, travel, equipment, supplies, and other.

***VOCA Funding:***

Only those costs directly related and essential to providing direct services to crime victims can be charged to VOCA funds. Please see 28 CFR Part 94, Subpart B – VOCA Victim Assistance Program – (§§ 94.119 - 94.122) at: [www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program](https://www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program).

For guidance regarding services, activities, and costs that cannot be supported with VOCA grant funds, please see 28 CFR Part 94, Subpart B – VOCA Victim Assistance Program – (§94.122) at [www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program](https://www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program).

***Non-Supplantation:***

The federal Department of Justice (DOJ) 2017 Grants Financial Guide describes supplantation as follows: “Federal funds must be used to supplement existing state and local funds for program activities and must not supplant (replace) those funds that have been appropriated for the same purpose.” Requests for “new” staff positions must be justified, must not supplant other federal, state, or local funds, and must result in significant additional service delivery.

Applicants under this grant program must describe non-grant funds supporting their projects and must identify records that document the level of non-VOCA support and satisfy the non-supplantation requirement. Be sure to describe whether the expenses requested in this grant application complement, and do not duplicate, other existing and anticipated funding sources/amounts.

***FY21 Projected Budget***

If the governing body has not approved the projected budget, submit a statement including a date when the budget will be approved and submitted to DCJS.

**Submission *Deadline:***

* Grant application documents must be ***received by 5:00 p.m., Monday, March 9, 2020 at casa@dcjs.virginia.gov.***

***DCJS Staff Contact:*** Terry Willie-Surratt, DCJS CASA Grant Monitor and Quality Assurance Coordinator

For assistance or questions, please contact Terry Willie-Surratt of the Virginia Department of Criminal Justice Services at (804) 225-4320 or by email at [terry.willie-surratt@dcjs.virginia.gov](mailto:terry.willie-surratt@dcjs.virginia.gov).

CASA Program Performance Targets

**Instructions:** Provide actual program data for each performance measure for the fiscal years indicated. Then make projections based upon the data provided. Provide any comments or explanations as needed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance Measure** | **Actual FY17** | **Actual FY18** | **Actual FY19** | **Projected FY21** | **Projected FY22** | **Comments/**  **Explanations** |
| Number of children served by an active volunteer |  |  |  |  |  |  |
| Number of new children served by an active volunteer |  |  |  |  |  |  |
| Number of new volunteers trained |  |  |  |  |  |  |
| Percentage of volunteers retained |  |  |  |  |  |  |
| Number of pre-service trainings held |  |  |  |  |  |  |
| Number of in-service trainings held |  |  |  |  |  |  |
| Total number of volunteers attending in-service training annually |  |  |  |  |  |  |
| Percentage of volunteer recommendations accepted by the court |  |  |  |  |  |  |
| Percentage of volunteer recommendations not accepted by the court |  |  |  |  |  |  |

CASA STATEMENT OF ASSURANCES

The

(Name of Program)

|  |  |  |
| --- | --- | --- |
| (Please check if applicable) | | |
|  | is in compliance with all state regulations. | |
|  | is currently assigning volunteers to cases. | |
|  | is adequately staffed and supervised according to regulations (1 FTE for every 30 volunteers according to the reduced ratio as articulated in regulations). | |
|  | is fiscally managed according to generally accepted accounting principles. | |
|  | is willing to conduct an audit on all DCJS grant monies within 180 days of the close of the grant period. | |
|  | is willing to provide information and data to DCJS when requested. | |
|  | is currently using the CASA Manager data system. | |
|  |  | |

Project Administrator

Date

|  |  |
| --- | --- |
|  |  |
|  |  |

CASA Program Staff to Volunteer Ratio Calculation  
Fiscal Year 2019

Please provide information for your program staff to volunteer ratio during the last fiscal year, from July 1, 2018 – June 30, 2019.

|  |  |  |
| --- | --- | --- |
| CASA Program Name: |  | |
| Total Number of Active Volunteers Assigned to Cases in FY19: | |  |
| Total Number of Staff Assigned to Supervise Volunteers Full-Time in FY19: | |  |
| Total Number of Staff Assigned to Supervise Volunteers Part-Time in FY19: | |  |
| List number of hours staff engaged in volunteer supervision activities weekly: | |  |
| Total number of “Volunteer” Supervisors in FY19 – individuals who served the program in a capacity of a volunteer supervisor but did not receive financial compensation: | |  |
| List number of hours unpaid staff engaged in volunteer supervision activities weekly: | |  |

**Attach Job Descriptions for all staff included in calculations.**

Program Requirements Assurance Form

By applying for CASA Formula Grant funds, the applicant asserts they have read, understand, and will comply with the following state and federal policies (click each topic below to link to additional information):

[VOCA Rule](https://www.dcjs.virginia.gov/sites/dcjs.virginia.gov/files/grants/fy-2019-2021-victim-witness-grant-program-guidelines-new-and-continuation-applicants/vocarulesandregulations.pdf)

[DOJ Grants Financial Guide](https://www.justice.gov/ovw/file/1030311/download)

[Civil Rights](https://www.ojp.gov/about/ocr/statutes.htm)

[Nondiscrimination](https://www.ojp.gov/about/ocr/assistance.htm)

[Limited English Proficiency (LEP)](https://www.lep.gov/)

[Equal Opportunity Plans](https://www.ojp.gov/about/ocr/eeop.htm)

[Financial and Progress Reporting](https://www.dcjs.virginia.gov/grants/gmis-online)

Project Administrator

Date

Project Director

Date

GRANT APPLICATION CHECKLIST

(Please check box if applicable)

|  |  |
| --- | --- |
|  | Has the Program Administrator signed the Face Sheet Grant Application? |
|  | Have all applicable parts of the Project Budget Summary been completed on the Face Sheet Grant Application? |
|  | Did you complete the Itemized Budget and the Budget Narrative for FY21? |
|  | Did you include verification of SAM registration? |
|  | Did you use only ***rounded*** figures on all budget documents? |
|  | Did you complete “Section #7” on the Itemized Budget form? |
|  | Did you include a copy of your 501(c)(3) confirmation letter if you are a non‑profit organization? |
|  | Did you include a copy of your approved projected (FY21) annual program budget? |
|  | Did you include a list of the members of the Board of Directors, or if not governed by a board, a statement by the Project Administrator describing your governing structure? |
|  | Did you include the CASA Program Performance Targets form? |
|  | Did you include the Statement of Assurances form completed and signed by the Project Administrator? |
|  | Did you include the CASA Program Staff to Volunteer Ratio Form (including applicable job descriptions)? |
|  | Did you include the Program Requirements Form signed by the Project Administrator and the Project Director? |
|  |  |