

Victims of Crime Act 2026 Request for Proposal Webinar (VOCA-2026 RFP)

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Senior Grant Managers

1.28.2026



Welcome and Thank You for Joining VOCA 2026 RFP Webinar



Keep lines **MUTED**
during presentation



Webinar is being
RECORDED and will be
posted on ICJI website
along with Q & A.



Utilize **CHATBOX**
during webinar.



Time allowed at end
for **Q & A**.

AGENDA

- » ICJI Website Navigation
- » Application & Award Process
- » Application Changes
- » Request for Proposal
- » Allowable Activities and Costs
- » Unallowable Activities and Costs
- » Requirements
- » Attachments
- » Q & A

Locating the Request for Proposal (RFP) Online

- » Victims of Crime Act (VOCA) grant page
- » Forms, Resources and Guidance



[Click Here for ICJI's Website](#)



Application and Awards



Application Due Date

March 11, 2026, at 12:00 PM EST (Noon)



Application Location

All Applications must be submitted via IntelliGrants



Award Period

October 1, 2026 – September 30, 2028



Reporting and PMT

Program Reports & PMT will be due quarterly
Fiscal Reports will be due monthly/quarterly.

Application Changes

- » **Programmatic Information Form** has been revised with new questions.
- » Questions in **Problem Statement and Analysis Form** have been moved to other areas within application.
- » **Evidenced-Based Practice** Form has been removed.
- » **Benefit Form** requires only one line for total cost of all benefits requested per year for each personnel and there will only be one drop down, **“Fringe Benefits.”**
- » On the **Budget Narrative Form**, agencies will not be required to provide lists of general supplies.
- » **Total Agency Budget** modifications:
 - » **Non-Profit applicants no longer** required to complete **“employee tab”**
 - » Governmental agencies **required** to complete **Total Agency Budget “governmental agencies”** tab.
- » **Attachments** no longer required:
 - » **Sustainability Plan**
 - » **Timeline**

Application Changes: Problem Statement

Problem Statement moved to Programmatic Information page.

Document Information: [VOCA-2026-00003](#)

 [Details](#)

You are here: > [2026 Victims of Crime Act Formula Grant \(VOCA\) Menu](#) > [Forms Menu](#)

PROGRAMMATIC INFORMATION

Instructions:

1. All required fields are marked with an *.
2. Use the **SAVE** button to save information and calculate data on each page.
3. Save at least every 30 minutes to avoid losing data.
4. To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
5. To return to the Forms menu, click the Forms Menu link above.

PROBLEM STATEMENT

Provide a summary of the problem to be addressed by your proposed VOCA program in this application.

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Application Changes: Programmatic Information Page

» Program Type

- » Select Organization Type
 - » Agency Type from drop down list

» Percentage of VOCA program

- » This will be used to determine % of VOCA programming in each of the following categories: **sexual assault, child abuse, domestic violence and underserved victims of crime** including human trafficking, homicide and assault.
- » Total percentages for your agency do **not need to add up to 100%.**

PROGRAM TYPE

Select your Organization Type.*

- ☒ Governmental Agency
☐ Non-profit Agency

Governmental Agency Type: *

What Percentage of your VOCA Program falls under each category below?

Note: The total percentage across each of the following categories does not need to add up to 100%. 'Assault', 'Homicide', and 'Human Trafficking' fall under the category Under Served.

CHILD ABUSE	SEXUAL ASSAULT	DOMESTIC VIOLENCE	UNDER SERVED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your program/agency Faith Based? *

☐ Yes ☐ No

Total percentages for your agency do **not need to add up to 100%.**

Application Changes: Programmatic Information Page

» Services

- » Select counties where proposed program will **PHSYICALLY** provide services.

SERVICES

Select the county/counties your proposed program will PHYSICALLY provide services in.

Note: To select more than one county, hold control (CTRL) and select multiple counties from the drop down list.

Adams County

Allen County

Bartholomew County

If you are currently receiving VOCA funds, how many victims did your program (not your entire agency) serve in the last calendar year (January through December)?

Note: If you are not currently receiving VOCA funds, please enter 0.

2025

How many victims do you anticipate your proposed VOCA program (not your entire agency) will serve for this grant cycle?

Note: Refer to the RFP located on the CJI website to determine length of the grant cycle.



Application Changes: Sustainability

QUESTION 1:

Provide an explanation as to **what steps** your agency has taken to be able to continue and **sustain your VOCA program with less funding** available.

QUESTION 2:

If **not awarded requested amount**, include list of minimum expenses needed to sustain your VOCA program.



SUSTAINABILITY

SUSTAINABILITY

With less VOCA funds available, explain what steps your agency has taken to be able to continue and sustain your VOCA program.

If additional space is needed, add a note that you will attach a document to your application with the additional information.

0 of 5000

If your agency is not awarded the amount of funds requested in this application, please list the minimum expenses to continue to sustain the VOCA program.

If additional space is needed, add a note that you will attach a document to your application with the additional information.

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Application Changes: Benefits

- » There will no longer be multiple budget lines per budget year for each employee benefit.
 - » One line per budget year for each employee with drop down option only for “**Fringe Benefits**”. (Health, Vision, LTD, STD, Retirement, etc)
- » Supporting documentation to claim fringe benefits with fiscal reports will still be required.

Document Information: [VOCA-2026-00002](#)

[Details](#)

You are here: > 2026 Victims of Crime Act Formula Grant (VOCA) Menu > Forms Menu > Budget Forms

EMPLOYEE BENEFITS

Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Percentage of Benefit is the percentage of the benefit type that the subgrantee is seeking reimbursement from grant funds or will be using as match.
- Cost of Benefit is the annual monetary amount of the benefit type.

Name	Position	Employee Type	Fund Type	Benefit Type	Percentage of Benefit	Cost of Benefit	COST
Suzy Que ▼	Executive Director	Full-time	Grant ▼	Fringe Benefits ▲ ▼	100 %	15410	\$15,410.00
▼			▼	Fringe Benefits ▲ ▼	%		



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Application Changes: Benefits – Budget Narrative

- » In the narrative, **provide list of benefits included in your fringe benefit requests** for your application. It is NOT necessary to list benefits per position or employee.

EMPLOYEE BENEFITS

Describe the employee benefits that will be paid by the EMPLOYER for each position listed under Personnel. For each benefit requested, list the percentage or cost paid by the employer.

Example- John Doe- Investigator- FICA (7.65%), PERF (11.2%), Medical Insurance (\$500 biweekly), Dental (\$10 monthly and HSA (\$1,000 yearly).

Total Fringe per person includes FICA, PERF, Deferred Comp, Health Insurance, Dental Insurance, LTD/STD, Life Insurance, Vision Insurance, HSA (Health Savings Account)

Contents of this text box are an example only.

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Application Changes: Total Agency Budget – Non-Profit Example

Revenue Details			
Reminder: This form should only be completed for 1 year, this may result in you having to prorate some of your grant/funds			
STEP 1: Enter the dates for either the calendar or fiscal year you are completing this form for	Calendar Year		
	Fiscal Year	07/01/2025-06/30/2026	
STEP 2: Enter all State Grants/Contracts your agency receives and the dollar amount associated for each	<i>State Grants/Contracts</i>		<i>Amount</i>
	DVPT		\$674,852.00
	SAVAF		\$535,000.00
	DCS		\$75,000.00
	ESG		\$47,500.00
			\$1,332,352.00
STEP 3: Enter all Federal Grants/Contracts your agency receives and the dollar amount associated for each NOTE: Your agency may receive a federal grant from a state agency, however ensure that in your review that grant/contract is either a state or federal grant and placed in the correct category on this form	<i>Federal Grants</i>		<i>Amount</i>
	FVPSA		\$100,000.00
	SASP		\$25,000.00
	SSBG		\$16,000.00
	STOP		\$25,000.00
	TI		\$12,500.00
	RRH - Rapid Rehousing		\$100,000.00
	OVC HT		\$250,000.00
	DOE		\$39,645.00
	HUD		\$1,250,000.00
			\$1,878,145.00
STEP 4: Enter the Grant and Amount you are requesting funding for on this application under the respective category	<i>Current Application Request</i>		<i>Amount</i>
	FEDERAL	VOCA-2026	\$1,075,000.00
		STATE	\$0.00
		Total Grants/Contracts:	\$4,285,497.00
		Maximum Operating Allocation Percentage for this Application	25.08%
STEP 5: Enter any notes that you think would be beneficial for CJ Staff to know	Additional Information about your Revenue		
	This document is only completed for our Victim Services program and not our entire agency.		

NOTE: Your agency may receive a

NonProfit EXAMPLE NonProfit Agencies Governmental EXAMPLE Governmental Agencies

STEP 3: Enter all Federal Grants/Contracts your agency receives and the dollar amount associated for each NOTE: Your agency may receive a federal grant from a state agency, however ensure that in your review that grant/contract is either a state or federal grant and placed in the correct category on this form	<i>Federal Grants</i>		<i>Amount</i>	<i>Total Section Amount (auto calculate)</i>
	FVPSA		\$100,000.00	\$1,878,145.00
	SASP		\$25,000.00	
	SSBG		\$16,000.00	
	STOP		\$25,000.00	
	TI		\$12,500.00	
	RRH - Rapid Rehousing		\$100,000.00	
	OVC HT		\$250,000.00	
	DOE		\$39,645.00	
	HUD		\$1,250,000.00	
STEP 4: Enter the Grant and Amount you are requesting funding for on this application under the respective category	<i>Current Application Request</i>		<i>Amount</i>	<i>Total Section Amount (auto calculate)</i>
	FEDERAL	VOCA-2026	\$1,075,000.00	\$1,075,000.00
		STATE	\$0.00	\$0.00
		Total Grants/Contracts:	\$4,285,497.00	
		Maximum Operating Allocation Percentage for this Application	25.08%	
STEP 5: Enter any notes that you think would be beneficial for CJ Staff to know	Additional Information about your Revenue			
	This document is only completed for our Victim Services program and not our entire agency.			

Please note this is an example budget only and does not actually reflect any awarded amount CJI for CJI Victim Services actually receives.

Application Changes: Total Agency Budget – Governmental Example

<p><small>*If you need assistance with how to determine the FTE (Full Time Equivalent) for your program, visit CJI Victim Services Resources Website (https://www.in.gov/cjivictim-services/resources/) and refer to the FTE Calculator. The FTE Calculator will walk you through each step to determine your FTE and has some FAQs that are helpful when</small></p>		
<p><i>Reminder: This form should only be completed for the application you are applying for funding on</i></p>		
STEP 1: Enter the number of FTE for your entire Victim Services Program	Total Number of FTE for your Victim Services Program (NOT just CJI Funded)	
	<p style="text-align: center;">14.00</p>	
STEP 2: Enter the number of FTE that are funded by the current application request for CJI Victim Services Grant	Number of Grant-Funded FTE for this application for your Victim Services Program (CJI ONLY Funded)	
	<p style="text-align: center;">4.90</p>	
STEP 3: This section will auto-calculate	Percentage that CJI Victim Services Grant Funds are to the Agency's Overall Victim Service Program Budget	<p style="text-align: center;">35.00%</p>
STEP 4: Enter any notes that you think would be beneficial for CJI Staff to know	Additional Information about this form	
	<p>CJI Victim Services has a total of 14 staff, who are split funded amongst all grants; 4.90 is the FTE amount that populated when using the FTE calculator</p>	

Application Changes: Budget Narrative General Supplies

- » We will **no longer** require a list of general supply items in the narrative.
- » No need to list out paper, pens, cleaning supplies, paperclips, etc.



The background of the slide features a large, faint watermark of the Indiana State Seal. The seal is circular and contains the word "INDIANA" at the top and "1816" at the bottom. In the center of the seal is a five-pointed star. The watermark is positioned behind a dark blue rectangular area that contains the text "Request for Proposal".

Request for Proposal



Purpose & Scope

- » The purpose is to **support** the provision of **services** to **victims of crime**. Services are defined as those efforts that
 - » Respond to the needs of crime victims.
 - » Assist victims to stabilize their lives after victimization.
 - » Assist victims to understand and participate in the criminal justice system.
 - » Restore safety and security for the victim.
 - » Activities supported by this grant program are determined by statute, federal regulations, state and federal executive orders, and ICJI policies.
-

Funding Priorities & Availability

ICJI has **40% less funding** available this grant cycle compared to previous years

VOCA funds may be allocated within program guidelines and regulations.

More information available on our website.

Funding Decreases



[Click here for VOCA Web Page](#)

Applicant Eligibility

- » Eligible Entities:
 - » State Agencies
 - » Units of Local Government
 - » Non-Profit Organizations
 - » Faith-Based Organizations

- » Programs **must utilize Volunteers** (unless waived).
- » Applicants must help potential **VOCA Compensation Recipients**
- » Applicants **may not charge fees** to clients for services



Allowable Activities

- » Civil Legal Services for Victims
- » Facilitation of participation in criminal justice and other public proceedings arising from the crime, including but not limited to:
 - » *Advocacy, Accompanying Victim, Interpretation, etc.*
- » Forensic interviews
- » Immediate Emotional, Psychological, and Physical Health & Safety, including but not limited to:
 - » *Crisis Intervention, Hotline Counseling, Safety Planning, etc.*
- » Legal Assistance for Victims
- » Mental Health Counselling and Care
- » Peer Support
- » Personal Advocacy and Emotional Support
- » Relocation Expenses
- » Services to Incarcerated individuals*
 - » **Services must arise from victimization and not the crime for which the victim is incarcerated.*
- » Transitional Housing
- » Transportation*
 - » **Transportation is only allowable for Victims to receive services and participate in criminal justice proceeding*

Eligible Costs

Due to a reduction in available funds, ICJI is **prioritizing costs related to direct service of victims**. The following costs will be eligible for this opportunity:

- » **Personnel and Benefits**
- » Costs Necessary to **Providing Direct Services**
- » **Skills Training** for Staff
- » **Repair and/or Replacement** of Essential Items
- » **Public Presentations and Awareness***
 - » **Giveaway items and prevention presentations are not allowable*
- » **Administrative Time***
 - » **Must not exceed 10% of total award amount*
- » **Professional Fees for Direct Services**
- » **Supervision of Direct Service Providers**



MATCH REQUIREMENT

20%

Match Requirement

Matching funds MUST:

Be verifiable from subgrantee's records;

Not be included as contributions for any other federal award;

Be necessary and reasonable for accomplishment of project or program objectives;

Be allowable under 2 C.F.R. 200.400;

Not be paid by federal government under another federal award, except authorized by federal statute;

Be included in the subgrantee's approved budget;

Conform to all other provisions of 2 C.F.R Part 200;

Match Requirement Example

Determining Match:

STEP 1: Award amount / % of Federal Share = Total Project Cost

STEP 2: Total Project Cost – Award Amount = Required Match

Example Match Requirement:

\$150,000 Award in federal funding with 20% match requirement.

- **STEP 1:** \$150,000 / .80 = \$187,500 Total Project Cost
- **STEP 2:** \$187,500 - \$150,000 = \$37,500 Required Match

**An entity can request a match waiver by completing the [match waiver request form](#) and uploading the form to the attachment section of the application. **

Indirect Costs

To calculate indirect costs, determine Modified Total Direct Costs (MTDC) amount of project budget. Indirect costs that can be requested are not based on the entire project budget, but on the MTDC amount.

1. Indirect Cost Rate Agreement (ICRA)

- a. Formal rate agreement between organization and cognizant federal agency.
- b. Letter or other documentation that lists rate.

2. De Minimis Rate

- a. For agencies that have never had a federally approved ICRA.
- b. May use rate of up to 15% of MTDC
- c. List of costs and calculation used must be provided in attachments.



Program Costs Must:

Be necessary
and
reasonable

Conform to any
limitations and
exclusions in
2C.F.R Part 200
/ VOCA
requirements

Adequately
documented with
supporting materials
per ICJI's Supporting
Documentation
Policy

Be in accordance
with generally
accepted
accounting
principles

Be consistent
with policies and
procedures and
applied uniformly



[Click here for Supporting Documentation Policy](#)



Travel Costs

- » Due to State Travel Restrictions only **travel for Direct Services is allowable.**
- » Travel for conferences is **unallowable.**
 - » Including airfare, per diem, etc.
- » Expenses and reimbursements must follow most current **IDOA State Travel Policy** or more restrictive subrecipient travel policy.



Contractors & Consultants

When a grant recipient contracts for work or services, the following is required:

Contractual services must be obtained through a procurement method. Verification of this method must be supplied upon completion of contract.

Consultant and contractual services shall be supported by written contracts signed by all parties stating services, rate of compensation, and length of time services will be provided.

Copy of all written contracts for contractual or consultant services shall be attached in IntelliGrants to grant file upon their ratification.

Payments shall be supported by statements outlining the services rendered, date of service, and cost of service.

Any consultant costs exceeding the allowable rate (maximum of \$81.25 per hour or \$650 per day) will not be allowed.

Unallowable Use of Funds

- » Any program or activity that, **directly or indirectly, violates** (or promotes or facilitates the violation of) federal **immigration law** (including 8 U.S.C. § 1373) or **impedes or hinders the enforcement of federal immigration law**—including by failing to comply with 8 U.S.C. § 1373, give access to Department of Homeland Security (DHS) agents, or honor DHS requests and provide requested notice to DHS agents.
- » Any program or activity that **violates any applicable Federal civil rights or nondiscrimination law**. This includes violations that
 - » **indirectly violate the law**, including by promoting or facilitating violations, or
 - » **unlawfully favor individuals in any race or protected group**, including on a majority or minority, or privileged or unprivileged, basis, within a given area, population, or sector.
- » Any use of VOCA funds to **initiate, maintain, or support legal action directly or indirectly against** the US, Indiana, and any respective agency or entity thereof.

Unallowable Costs

The following activities listed below are out of the program scope and will not be funded.

- » Alcohol, food (except emergency food for victims), and entertainment costs.
- » Bonuses or commissions.
- » Construction, capital improvement, or land acquisition (purchase of real property).
- » Costs associated with Boards including insurance and fees.
- » Direct cash assistance to victims.
- » Legal fees of applicant.
- » Most medical costs (including nursing home care, in-patient treatment, hospital, and non-emergency medical or dental treatment).
- » Property loss such as replacement of stolen or damaged property.



Unallowable Activities



Activities that assist in prosecution of perpetrators.

Fundraising and time spent procuring funding including completing federal and state funding applications.

Inherently (or explicitly) religious activities.

Lobbying.

Management or administrative training.

Needs assessments, surveys, research projects, and studies.

Perpetrator rehabilitation.

Prevention of crime activities.

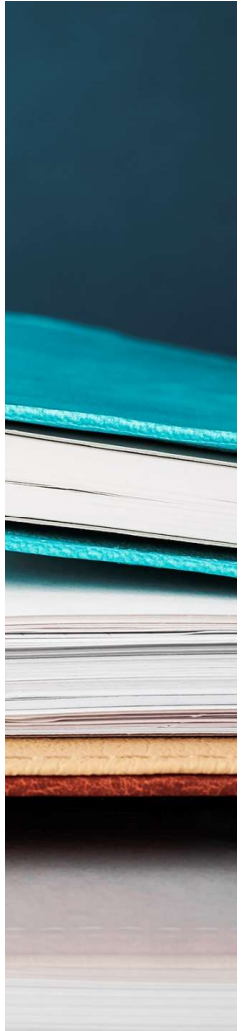
Substance abuse counseling for victims when not related to their victimization.



Supplanting

Federal funds must be used **to supplement existing funds for program activities** and ***cannot replace or SUPPLANT non-federal funds that have been appropriated for the same purpose.***

Supplanting occurs when a state, local, or tribal government reduces state, local, or tribal funds for an activity specifically because federal funds are available (or expected to be available) to fund the same activity.



System of Award Management (SAM)

- » Must not expire within 30 days of application.
- » Must not be set to Private

Unique Entity ID (UEI)

- » Must have an active UEI

E-Verify

- » Enrolled in and verified work eligibility status of all employees

Audit Requirements

- » Non-federal entity expends \$1M or more during fiscal year
- » Government Entities submit County/City Audit

Project Information



Mike Braun, Governor
Douglas W. Huntsinger, Executive Director

Certification of Advance Determination of Suitability for Individuals Interacting with Participating Minors

On behalf of the Subrecipient, and in support of this grant agreement, I certify under penalty of perjury to the U.S. Department of Justice ("Department") and to the Indiana Criminal Justice Institute ("ICJI") that all of the following are true and correct:

I have the authority to make the following representations on behalf of this organization.

I certify that this organization will implement processes to make advance determinations of suitability for all individuals who may interact with participating minors as part of programs/activities funded (in whole or in part) with funds awarded from ICJI in compliance with the following.

1. Advance determination regarding suitability. The recipient (and any subrecipient at any tier) may not permit any covered individual (to include employees, consultants, contractors, employees of a contractor, trainees, volunteers, and/or teachers) to interact with any participating minor in the course of activities under the award, unless the recipient or subrecipient first has made a written determination of the suitability of that individual to interact with participating minors, based on current and appropriate information and taking into account the factors and considerations described in paragraph 4.
2. Updates and reexaminations
 - A. The recipient (or subrecipient) must, at least every five years, update the searches described below, reexamine the covered individual's suitability determination in light of those search results, and, if appropriate, modify or withdraw that determination.
 - B. The recipient also must reexamine a covered individual's suitability determination upon learning of information that reasonably may suggest unsuitability and, if appropriate, modify or withdraw that determination.
3. Current and appropriate information

In addition to information resulting from checks or screening required by applicable federal, state, tribal, or local law, and/or by the recipient's (or subrecipient's) written policies and procedures, current and appropriate information includes the results of all required searches listed below, each of which must be completed no earlier than six months before the determination regarding suitability

Determination of Suitability to Interact with Minors

- » **Completed certification form must be attached** to application.
- » Form should be for your **current VOCA application** and not for any previously funded programs.
- » A link to the certification form is in the RFP and CJI website.



[Click Here for Resources Page](#)

Restrictions on Lobbying

- » Awarded **agencies cannot use Federal funds** for the purposes of **lobbying**.
 - » i.e., to pay a person in order to influence or attempt 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 any covered Federal actions.
- » Applicants must attach a Lobbying Certification form in application.



[Click Here for Resources Page](#)



Mike Braun, Governor
Douglas W. Huntsinger, Executive Director

Lobbying Certification

On behalf of the Subrecipient, and in support of this grant agreement, I certify under penalty of perjury to the U.S. government and to the Indiana Criminal Justice Institute ("ICJI") that all of the following are true and correct:

I have the authority to make the following representations on behalf of this organization.

As required by 31 U.S.C. § 1352, as implemented by 28 C.F.R. Part 69, I certify and assure (to the extent applicable) the following:

- a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, 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 the making of any Federal grant, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- b) If the Subrecipient's request for Federal funds is in excess of \$100,000, and 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 Subrecipient shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities" in accordance with its (and any DOJ awarding agency's) instructions; and
- c) The Subrecipient acknowledges that ICJI shall require that the language of this certification be included in the award documents for all subgrants and procurement contracts (and their subcontracts) funded with Federal award funds and shall ensure that any certifications or lobbying disclosures required of recipients of such subgrants and procurement contracts (or their subcontractors) are made and filed in accordance with 31 U.S.C. § 1352.

Furthermore, I certify that I understand that these records may be monitored by the federal awarding agency and/or ICJI at any time and will retain copies of the records in accordance with federal record retention requirements.

Grant Number

Agency Name

Authorizing Official Signature

Printed Name

Date

Financial Officer Signature

Printed Name

Date

Attachment Checklist

- ☐ Total Agency Budget
- ☐ Indirect Cost Rate *(if applicable)*
- ☐ Letter of Endorsement
- ☐ Lobbying Certification and Disclosure Form
- ☐ Suitability to Interact with Minors
- ☐ Job Descriptions
- ☐ Contracts/MOU's/Leases *(if applicable)*
- ☐ Match and/or Volunteer Waivers *(if applicable)*

APPLICATION SUBMISSION CHECKLIST

For applicant use only. Do not submit with application. Items listed below are often missing or incorrect in submitted applications and should be reviewed for inclusion. This is not an exhaustive list of items required before submission

PROJECT INFORMATION	
	SAM expiration date is entered and SAM is not expired
	Most recent audit is uploaded
	Adverse findings are noted, if applicable
GOALS, OBJECTIVE & OUTCOMES	
	Objective(s) is Specific, Measurable, Achievable, Realistic, Timely (SMART)
	Every objective has at least (1) outcome
	Outcome(s) measure effectiveness of objective(s)
USE OF VOLUNTEERS	
	Radio button is checked "yes"
	If checked "no", volunteer waiver form is attached in attachment section
BUDGET FORMS	
	All budget lines indicate "year 1" or "year 2"
	Math calculations are correct in benefits (percentage x cost of benefit = cost)
	Travel rates use allowable state travel rates
BUDGET SUMMARY	
	Match percentage is 20% or a match waiver request form is attached
BUDGET NARRATIVE	
	All expenses in the budget detail are included in the budget narrative
	Cost and amounts listed in budget detail match cost and amounts in budget narrative
	Internal controls are include for grant funds and tracking programmatic achievements
ATTACHMENTS	
	Agency Basic Budget Form (non-profits only)
	At least one (1) current letter of endorsement for the VOCA project
	Completed and signed Lobbying Certification and Disclosure Form
	Completed and signed Certification Suitability for Individuals Interacting with Minors
	Job descriptions for grant and match personnel
	Contract for any contractual service, if applicable
	Match waiver form, if applicable
	Volunteer waiver form, if applicable
	Indirect Cost Rate approved agreement or De Minimis calculation, if applicable

Application Submission Checklist

- » Available in the RFP.
- » Other resources and documents on website



[Click here for VOCA Web Page](#)

Links to **REQUIRED**
attachments
located on CJI
website:
**in.gov/cji/victim-
services/resources**



MENU



Indiana Criminal Justice Institute

Forms

- [Determination of Suitability Certification \(DOJ GRANTS ONLY\)](#)
- [Certification Regarding Out-of-Scope Activities \(STOP Only\)](#)
- [Confidentiality Notice Form \(STOP ONLY\)](#)
- [Example Consultation Form \(STOP ONLY\)](#)
- [Example Legal Assistance Certification Letter \(STOP ONLY\)](#)
- [Prosecutor Office Certification Form for Continuing Programs \(STOP ONLY\)](#)
- [Prosecutor Office Certification Form for New Programs \(STOP ONLY\)](#)
- [STOP Requirements Certification \(STOP ONLY\)](#)
- [Disclosure Form to Report Lobbying \(Standard Form LLL\)](#) – Open in desktop application
- [Lobbying Certification Form](#)
- [Sample Program Time Distribution Sheet](#)
- [Total Agency Budget Form](#)
- Victim Financial Assistance Request Form ([Word](#)) or ([PDF](#))
- Match Waiver Request Form (VOCA ONLY) ([PDF](#))
- [Volunteer Waiver Request Form \(VOCA ONLY\)](#)



QUESTIONS?



THANK YOU

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