



Victims Assistance Fund Application 2019 Indiana Department of Correction

PURPOSE: The Indiana Department of Correction (IDOC) is pleased to offer this grant funding opportunity to Indiana community non-profits and organizations for projects that focus on crime victim assistance. Funds for these awards are made possible through location fees charged to commercial media outlets creating documentary and other informative programming inside IDOC facilities. The intention of these grants is to assist nonprofit organizations with providing increased services to victims of crime.

LIMITS: Grant application requests are limited to \$5,000 per application. Agencies are permitted to submit up to two applications for consideration. Applications should address two different projects or divisions within the organization.

ELIGIBILITY: Any non-profit community agency or organization located in Indiana which provides services that focus on crime victims may apply.

APPLICATION DEADLINE: July 5, 2019

- Applications must be emailed by this date. Late and/or incomplete applications will **not** be considered.

AWARDS ANNOUNCEMENT DATE: July 31, 2019

- This grant award will be reimbursement based. Organizations will receive an invoice template and will submit invoices and receipts to IDOC for reimbursement.
- Awardees must be registered vendors with the State of Indiana before awards will be issued.
- Awards will be issued for a single, 12-month period. No time extensions will be granted on these awards.

VICTIM SERVICES GRANTS WILL NOT BE AWARDED FOR THE FOLLOWING:

- Organizations or agencies that are for-profit entities
- Programs or activities without direct support for victims
- Incomplete/inaccurate applications
- Requests for items that cannot be audited (such as gas cards, cab fare, or bus fare)
- Requests for equipment, such as computers, laptops, or printers

For further information or assistance, please contact
Naylin Lucas, Director of Grants at 317-233-4785 or
DOCVSG@idoc.in.gov



Instructions

Please read the application very carefully. You must respond to ALL items on the application. Incomplete applications will not be accepted. In addition to the information requested, please provide brochures, pamphlets, media articles or other materials describing your organization or program. Letters of support from collaborating agency and community leaders will also be accepted.

Background Information

Name of Organization: _____

Contact Person/Title: _____

Address: _____ City: _____ State: _____

Zip: _____ Telephone: _____ E-Mail: _____

Is your organization registered as a vender with the State of Indiana? _____

You can check your registration status at <https://bsd.sos.in.gov/publicbusinesssearch> and you complete a bidder profile registration at <https://www.in.gov/idoa/2464.htm>

Has your organization received any other funding from the Indiana Department of Correction, either through a grant or contract, in the last 3 calendar years?

Narrative

For the following questions, please submit your answers via Word or other similar word processing programs. PDF copies are also permissible. *(Limit of 10 pages, double spaced with 1 inch margins)*

- Question 1: Please describe your organization's mission, vision and objectives
- Question 2: How would a grant assist your agency's ability to provide services to victims?
- (Please be as detailed as necessary and discuss the positive impact(s) this award would have on your organization)
- Question 3: How many additional individuals/families (as a percentage and actual numbers) would your agency be able to serve as a result of this grant?
- Question 4: How would you sustain your program after this funding is spent?
- Question 5: Please describe your measurable outcomes and plan of evaluation. (In other words, how will you measure the success and/or impact of the activities under this award?)



GRANT REQUEST

Using the form below provide a detailed line-item budget indicating the specific use of Victim Services funds requested and how these funds will be used to support services for victims

Item	Portion charge to grant	Other support	Total cost

Budget Justification

Item	Justification

Total Project Cost: _____

Amount Requested: _____

Signature: _____



Indiana Department of Correction
Victim Services Grant Application Checklist

Please submit a single file for items 1-6 in the order listed.

1. _____ Background information page
2. _____ Answers for question 1-5 on page 2 of this application packet.
3. _____ Detailed budget from page 3 of this application. Please include any bids/quotes/ estimates (in writing) that substantiate your request.
4. _____ Supporting documentation/letters (no more than 3) of endorsement (i.e. letter from the neighborhood association, local congregation, local business, etc.)
5. _____ Articles of Incorporation and/or by laws, IRS ruling if tax exempt.
6. _____ Board of Directors list with names/addresses/officers.

Any additional brochures, pamphlets, media articles or other materials describing your organization or program can be submitted as separate attachments.

Submit proposal to: Naylin Lucas, Director of Grants

DOCVSG@idoc.in.gov

Please title the subject of your email 'IDOC Victim Assistance Grant'