

**For Official Use Only:**

|                      |          |                      |                        |     |    |
|----------------------|----------|----------------------|------------------------|-----|----|
| Date Received        | Approved | Denied               | Duplicates Services    | Yes | No |
| Application Number   |          | Amount Awarded       | Victim Rights Act      | Yes | No |
| V/S or L/E           |          | Project Duration     | Services to Victims    | Yes | No |
| Previously funded    | Yes No   | Multi-jurisdictional | All Materials Included | Yes | No |
| Date of Board review |          | Other Districts      |                        |     |    |



20<sup>th</sup> JUDICIAL DISTRICT  
VICTIM ASSISTANCE AND LAW ENFORCEMENT  
**GRANT APPLICATION**

**Applicant Information**

1. APPLICANT AGENCY:

2. PROJECT TITLE:

Project Director:

Phone:

Fax:

Address:

E-mail:

Website:

3. AMOUNT REQUESTED:

4. NON-PROFIT STATUS:                      Yes                      No                      In Progress

5. GOVERNMENT AGENCY:                      Yes                      No

6. Tax ID Number:

**PROJECT DURATION: 12 months, January 1, 2027- Dec. 31, 2027****Required Attachments**

1. Budgets

- a. Victim Assistance Program Budget
- b. Itemized Project Budget
- c. Budget Narrative
- d. Program Budget which includes revenues and expenses

2. Copy of 501(c) (3) IRS Tax Ruling (if applicable)
3. Listing of Board of Directors and Key Officers (if applicable)
4. Copy of current Financial Statement and Audit Report – (Waived for governmental agencies)
5. Random Sampling of Client Satisfaction Surveys – limit 6
6. If you are requesting a full or part-time position, you must attach your agency's classification of that
  - a. position and job description
7. **All grant awards are subject to the availability of funds**
8. Please be advised that the board may revoke any contract/grant if used inappropriately
9. Application must be typed or printed in black ink
10. Please **email the completed PDF to [mlopez@bouldercounty.gov](mailto:mlopez@bouldercounty.gov) or [Vale20@bouldercounty.gov](mailto:Vale20@bouldercounty.gov)**
11. Original application must be single-sided.
12. All application pages must be numbered. Hand-numbering is acceptable.
13. **Limit application to 18 pages including cover sheet and signature page, but excluding attachments.**
14. **Do not use a font any smaller than 12 point.**
15. **Applications are due Friday, October 9, 2026, by 5pm. If an application is late, the agency must supply a reason and the Board will decide on accepting a late application on a case by case basis**

NOTE: PLEASE RESPOND TO EACH NUMBERED QUESTION SEPARATELY.

## Project Concept and Design

1. Describe the applicant agency.
2. Describe the problem in Boulder County that this specific project is trying to address.
3. Describe the project that would be funded by VALE funds in the 20th Judicial District (be specific regarding what services VALE funds will provide to this community).

**4. Identify and describe the project's goals and objectives. Objectives must be specific, measurable, and quantifiable.**

**5. Describe any anticipated problems in meeting the project's goals and objectives.**

## Service Details

1. Define the population and geographic area targeted for services through this project, and, if the project is not located entirely in the 20<sup>th</sup> Judicial District, what percentage of services would be for victims and witnesses in the 20<sup>th</sup> Judicial District?
2. Briefly describe how the project strives to provide culturally competent services. Please explain your current outreach efforts to under-represented populations. What have been the results of these efforts?
3. What number of people are in need of the services as proposed by this project?
  - a. What number of people are currently being served in the 20<sup>th</sup> Judicial District and how?
  - b. What number of people will be served in this project in the 20<sup>th</sup> Judicial District during the upcoming contract period? (Identify sources of information).

4. How is your project different from other victim assistance agencies in Boulder County?
  - a. How will your project diminish or eliminate any duplication of services?
  - b. How will you coordinate services with similar or like programs?  
Describe cooperation with other service providers.
5. In compliance with the American Disability Act (ADA) on providing access, will your agency be able to provide reasonable accommodations for crime victims or victim service providers? Please focus your answer on how you would use funding for communication access.

## Project Management

1. Define the management plan for the program/project. Submit an organizational chart of the agency and identify the positions and persons on the chart who are responsible and accountable for this program. If you are requesting funding for a full- or half-time position, attach a job description.
2. Describe how you will evaluate whether or not this project has met its stated goals? Describe your specific evaluation plan.
3. Does this project utilize volunteers? Yes No  
If yes, describe services performed, the number of volunteer hours anticipated, and the training the volunteers receive.

## Victim Rights Act Compliance

- 1.** Describe the services you provide as outlined in the VALE statute (Section 24-4.2- 105 (4) C.R.S.)?
- 2.** Define how this program/project will address the guidelines for assuring the rights of victims and witnesses as outlined in the Victim Rights Act (Section 24-4.1-302.5 C.R.S.).

  - a.** List specific services to be provided. If this project does not impact crime victims' rights, please specifically justify your application.
  - b.** Describe the efforts of your agency to ensure that the crime victims served by your agency fully understand the rights afforded them by the constitutional amendment.
  - c.** Does your agency have a statutory mandate to notify victims under the VRA (Victim's Rights Amendment)?
  - d.** Describe the type of victim's rights training that has been provided to your staff and volunteers.

Date of last training

Training provided by

How do you presently notify victims of their rights under the VRA?

**e.** Does your agency have a victim rights brochure that is distributed to victims?

Yes                      No

If so, please attach.

PLEASE NOTE: Copies of the state statutes related to these funds are available on the [Colorado State Government web page](http://www.state.co.us) (www.state.co.us). On the page select Government then Colorado Constitution and Statutes, then Colorado Revised Statutes C.R.S.

**3.** Are any of the services provided by your agency eligible for Crime Victim

Compensation reimbursement?                      Yes                      No

**a.** If yes, list services:

**4.** Does your agency regularly conduct or receive Crime Victim Compensation training

for direct services staff or volunteers?                      Yes                      No

## Budget Summary

**Three** budgets are required from all applicants.

**A fourth budget is required from non-profits.**

1. Overall agency victim assistance budget that includes all funding sources. Review chart that follows on next page.
2. Detailed VALE funded project budget. (Review chart)
3. A **budget narrative** that includes justification for requested items (budget should show by line item where VALE funds would be used). The Budget Narrative should be inserted **after** detailed project budget. See instructions.
4. Non-Profits – please attach a full program budget for victim services, which includes revenues and expenses. Your own existing format is acceptable.

## OVERALL AGENCY VICTIM SERVICES BUDGET

| ITEM                                                                                                                         | CURRENT GRANT<br>YEAR<br>2026 | PROJECTED GRANT YEAR<br>January-December 2027 |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------|
| VALE Grant from 20 <sup>th</sup> Judicial District                                                                           |                               |                                               |
| VALE Grants from other Jurisdictions                                                                                         |                               |                                               |
| Public Support (Total)<br>(Donations, Special Events, Other)                                                                 |                               |                                               |
| United Way                                                                                                                   |                               |                                               |
| Foundations and/or Grants                                                                                                    |                               |                                               |
| Client Fees                                                                                                                  |                               |                                               |
| Government (Total)<br>(Boulder County, City of Boulder, City of<br>Longmont, Other Cities, Social Services,<br>State, Other) |                               |                                               |

|                         |  |  |
|-------------------------|--|--|
| Other (Specify & Total) |  |  |
| VOCA, VAWA, Other       |  |  |
| <b>Grand Total</b>      |  |  |

## PROJECT BUDGET

### Personnel Expenses Table

| Position and Employee Name | Annual Full Time Salary | Benefits | Total Compensation (AFTS + Benefits) | Percentage of FTE Funded by VALE<br><small>Enter a whole number.<br/>For example, 1 = 1%.</small> | Dollar Amount Requested from VALE |
|----------------------------|-------------------------|----------|--------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------|
|                            |                         |          |                                      |                                                                                                   |                                   |
|                            |                         |          |                                      |                                                                                                   |                                   |
|                            |                         |          |                                      |                                                                                                   |                                   |
|                            |                         |          |                                      |                                                                                                   |                                   |
|                            |                         |          |                                      |                                                                                                   |                                   |
|                            |                         |          |                                      |                                                                                                   |                                   |
|                            |                         |          |                                      |                                                                                                   |                                   |
|                            |                         |          |                                      |                                                                                                   |                                   |

**Total Cost of Personnel Expenses:**

Equipment Expenses Table

| Item Description | Quantity | Unit Cost | Total Cost | Justification |
|------------------|----------|-----------|------------|---------------|
|                  |          |           |            |               |
|                  |          |           |            |               |
|                  |          |           |            |               |
|                  |          |           |            |               |
|                  |          |           |            |               |
|                  |          |           |            |               |
|                  |          |           |            |               |

Total Cost of Equipment Expenses:

### Supplies and Operating Expenses Table

| Item Description | Purpose (e.g., "Phone Service for hotline") | Monthly Costs x Number of Months<br>(e.g. \$20.00 x 4 Months) | Total Cost | Justification |
|------------------|---------------------------------------------|---------------------------------------------------------------|------------|---------------|
|                  |                                             | X                                                             |            |               |
|                  |                                             | X                                                             |            |               |
|                  |                                             | X                                                             |            |               |
|                  |                                             | X                                                             |            |               |
|                  |                                             | X                                                             |            |               |
|                  |                                             | X                                                             |            |               |
|                  |                                             | X                                                             |            |               |
|                  |                                             | X                                                             |            |               |

**Total Cost of Supplies and Operating Expenses:**

**Consultant and Professional Services Table (see note on RFP page 1)**

| <b>Service Description</b> | <b>Provider Name</b> | <b>Hourly<br/>Rate or<br/>Flat Fee</b> | <b>Estimated<br/>Hours (if<br/>applicable)</b> | <b>Total<br/>Cost</b> | <b>Justification</b> |
|----------------------------|----------------------|----------------------------------------|------------------------------------------------|-----------------------|----------------------|
|                            |                      |                                        |                                                |                       |                      |
|                            |                      |                                        |                                                |                       |                      |
|                            |                      |                                        |                                                |                       |                      |
|                            |                      |                                        |                                                |                       |                      |
|                            |                      |                                        |                                                |                       |                      |

**Total Cost of Consultant and Professional Services:**

**TOTAL OF VALE REQUEST (The sum of total costs of all tables):**

**Note: Training scholarships are available through a separate application process.**

## BUDGET NARRATIVE

### Instructions for the Budget Narrative:

- The budget narrative should use the same category subheadings (e.g., Personnel, Supplies, Operating, etc.). Explain your basis for prorating and calculating where applicable i.e. salary \$15,000/year x 50% full-time employee x 12 months = \$7,500.
- The budget narrative should contain the criteria used to compute budget figures. All budget figures should be justified and explained clearly so as to be easily understood. The budget narrative should show the relationship between category amount and proposed project operations i.e., why the item is needed to do the project. Please be sure that the budget figures in the narrative and those on the budget form are the same.
- Personnel: Explain how the salary and benefits for each position was determined.
- Supplies and Operating: Explain how the costs were determined and justify the need for the various line items. Items that can be purchased for less than \$1,000 are included in this category rather than in the equipment category.
- Equipment: Items over \$1,000 and a useful life of over one year. Items requested should show a clear link to the project. Documenting unsuccessful attempts to obtain items elsewhere may help demonstrate your need for the equipment. Software needs to be included in Supplies and Operating category.
  - Explain why the proposed equipment is essential to meeting the goals and objectives. Provide justification that purchase is more reasonable than rental or leasing of the equipment.
- Consultant/Professional Services (Contracts): Explain why proposed services cannot be provided by project staff.

## FULL PROGRAM BUDGET (Non-Profits Only)

- Please attach a program budget for victim services, which includes revenues and expenses. Limit two pages.
- Your own existing format is acceptable.

## Other Funding Sources

1. Will you be applying to other local VALE or State VALE Boards for funding?

Yes              No

2. If yes, please identify the Judicial District, amount requested, for what line items i.e. Personnel, etc.

3. Will you be applying to VOCA or VAWA for funding during this period? If so, for what positions?

## Authorization and Signatures

The applicant assures that the following signatories and all staff and volunteers assigned to this project have read and understand the rights afforded to crime victims pursuant to section 24-4.1-302.5 C.R.S. and the services delineated pursuant to sections 24-4.1-303 C.R.S. and 23-4.1-304 C.R.S.

Because this application is for a contract for the purchase and coordination of victims and witnesses assistance services pursuant to § 24-4.2-105, C.R.S., the applicant certifies, as required by § 8-17.5-102(1), C.R.S. that at the time of this certification (1) the applicant does not knowingly employ or contract with an illegal alien and (2) that the applicant has participated or attempted to participate in the Basic Pilot Employment Verification Program administered by the Department of Homeland Security in order to verify that it does not employ any illegal aliens.

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.

**Typed** Name of Project Director

**Signature** Project Director's

Date

**Typed** Name of Agency Director

**Signature**, Agency Director

Date

**Typed** Name of Financial Officer

**Signature**, Financial Officer

Date

**Typed** Name of Authorized Official

**Signature** Authorized Official

Date

**Project Director:** The person who has direct responsibility for the implementation of the project. This person should combine knowledge and experience in the project area with ability to administer the project and supervise personnel. They share responsibility with the Financial Officer for seeing that all expenditures are within the approved budget. This person will normally devote a major portion of his/her time to the project and is responsible for meeting all reporting requirements. The Project Director must be a person other than the Authorized Official of the Financial Officer.

**Agency Director:** The executive director of the agency. This may in some agencies be the same person as the project director or authorized official.

**Financial Officer:** The person who is responsible for all financial matters related to the program and who has responsibility for the accounting, management of funds, and verification of expenditures, audit information and financial reports. The person who actually prepares the financial reports may be under the supervision of the Financial Officer. The Financial Officer must be a person other than the Authorized Official or the Project Director.

**Authorized Official:** The authorized official is the person who is, by virtue of such person's position, authorized to enter into contracts for the grant recipient. *This could include:* Mayor or City Manager, Chairperson of the County Commissioners, District Attorney, President or Chairperson of the Board of Directors, Superintendent, or other Chief Executive Officer.