

## Funded Program Information

Throughout this document you will find information that pertains to your contract with the Victim Services Support Program (VSS) through the Iowa Attorney General's Crime Victim Assistance Division. If you have any questions regarding this information please contact your designated VSS staff contact.

## Certified Assurances

If there are updates to the Certified Assurances an updated Certified Assurance document will be mailed out to programs in October 2013 (estimated time).

## Contracts

**Signed Contracts are due on or before September 20, 2013. We can not process your claims for reimbursement until we have your signed contract, so you may want to send it in earlier.** Your designated representative must sign the "Authorized Representative Signature" line in **blue** ink. This is the individual designated by your agency to sign contracts. Examples of designated representatives include, but are not limited to: County Attorney, Police Chief, Sheriff, Executive Director of a victim service program, Board President/Chair, County Supervisor, etc. Once the contract has been signed, please return the contract(s) to your primary VSS staff contact at the following address:

Crime Victim Assistance Division  
Lucas Staff Office Building, Ground Floor  
321 E. 12<sup>th</sup> Street  
Des Moines, Iowa 50319

VSS Administrator, Donna Phillips, will sign the contract on the line entitled, "Authorized Department Signature." A final scanned copy of the signed contract(s) will be emailed to your agency.

## Email Contacts

When you applied for funding you listed up to three contacts in your online application. Victim Services Support Program (VSS) staff utilize these three contacts to send information and updates regarding forms, upcoming trainings, scheduling site monitoring visits or conducting necessary follow-up, etc. If you need to update your three contacts please contact your primary VSS contact.

# Financial Forms

All fiscal forms for State Fiscal Year 2014 (7/1/13-6/30/14) can be downloaded from the financial section of the Programs Assistant website at <http://victimservicegrant.iowa.gov/FiscalFormsInformation.aspx>. Please note the updated financial forms will not be available until after August 15, 2013 via website.

## **A) Complete Program Budget Form:**

The Complete Program Budget for Fiscal Year 2014 (7/1/13-6/30/14) is due no later than **September 20, 2013**. See Appendix A for a copy of the Complete Program Budget form. You can download the Complete Program Budget at the financial section of the website cited in the paragraph above. An excel version of the Complete Program Budget will be emailed out to all Programs on or before August 5, 2013.

Culturally-Specific Domestic Abuse Comprehensive, Culturally-Specific Sexual Abuse Comprehensive, Domestic Abuse Comprehensive, Sexual Abuse Comprehensive and Shelter-Based Programs will have a unique Complete Program Budget form that will be emailed out to them on August 5, 2013. Do not use the Complete Program Budget in Appendix A as you will be required to submit it on the new form.

## **B) Budget Revision Request Forms:**

Because budget line items in funding applications are estimates of budget expenditures and complete program budgets are projected budgets, funds may be reallocated among budget line items. You may move amounts among the budget line items on individual funds without submitting a formal Budget Revision Request form if the change represents less than 10% of the total award (contract amount). However, remember that the claim can be denied if the expense is not allowable or not reasonable. If the change on any fund is 10% or more, you must submit a completed Budget Revision Request Form and receive approval from Victim Services Support Program (VSS) staff prior to submitting your claim voucher request for reimbursement.

All Budget Revision Request Forms can either be faxed or emailed to your primary VSS contact. The budget revision request will be reviewed within 30 days and you will be notified regarding approval or denial. The Budget Revision Request Form does not require a signature.

Please see Appendix B for a hard copy of the Budget Revision Request form. You can download the Budget Revision Request form at the financial section of the Programs Assistant website at <http://victimservicegrant.iowa.gov/FiscalFormsInformation.aspx>. The Budget Revision Request Form will be emailed to all Program on or before August 5, 2013.

## **C) Fiscal Claim Forms & Spreadsheets (Reimbursement Forms):**

The Monthly & Quarterly Claim Forms and Spreadsheets for Fiscal Year 2014 (7/1/13-6/30/14) will be sent out on or before August 5, 2013 with the claim forms. Once claim vouchers have been sent out, they can also be downloaded from the fiscal section of our website: <http://victimservicegrant.iowa.gov/FiscalFormsInformation.aspx>. The claim forms will be posted to the website after August 15, 2013.

Claims must be completed and submitted on **either** a monthly or quarterly basis. Once you choose either monthly or quarterly reimbursement, you must stay consistent during the one-year contract period. Claims are due at the end of the following month of after the expended period. For example,

monthly claims for expenditures in July would be due the end of August and 1<sup>st</sup> Quarter claims for the expense period of July 1<sup>st</sup> - September 30<sup>th</sup> would be due October 31<sup>st</sup>. Programs are required to file claims timely in order to continue to be in compliance with their contract(s) with VSS. See Appendix C for a list of when monthly and quarterly claims are due. Attach documentation for each expenditure claimed for reimbursement or match. Please note the claim forms are for all VSS administered funding. You may delete sections from the spreadsheet that do not apply to your program. The signed claim voucher and documentation must be submitted to your primary VSS contact at the following address:

Crime Victim Assistance Division  
Lucas Staff Office Building, Ground Floor  
321 E. 12<sup>th</sup> Street  
Des Moines, Iowa 50319

#### **D) Payroll Summary:**

A Program receiving three or more of the VSS funds must complete a Payroll Summary to submit with the Monthly & Quarterly Claim Forms. The Payroll Summary provides a summary of the payroll of each position (staff) that is being requested for reimbursement with VSS funds. VSS staff may require a Payroll Summary be completed for programs receiving reimbursement on two of the VSS funds. VSS staff will determine this on a case to case basis. The Payroll Summary can also be downloaded from the fiscal section of our website: <http://victimservicegrant.iowa.gov/FiscalFormsInformation.aspx>. The Payroll Summary will be posted to the website after August 15, 2013 and an email will be emailed out on or before August 5, 2013 with the Payroll Summary. See Appendix E for a copy of the Payroll Summary.

#### **E) Expense Summary:**

A Program must submit a completed expense summary of the expenses with the Monthly & Quarterly Claim Forms. The Expense Summary provides a summary of the expenses being requested for reimbursement, specifically the date of the invoice/receipt, brief description of the invoice/receipt and the requested amount for reimbursement by the expense line items outlined in the Claim Forms.

Two different types of Expense Summaries will be posted to the website after August 15, 2013 and an email will be emailed out on or before August 5, 2013 with the Expense Summary. See Appendix F for a copy of one of the examples of the Expense Summary.

## **Out of State Travel**

Programs requesting to use any of their VSS funds to attend a conference or training out of state, must complete an Out of State Travel Request and submit it to their primary/designated VSS staff person for approval. Email submission of the Out of State Travel Request form is acceptable. When submitting the form please also submit conference/training information (brochure outlining the associated expenses) and agenda of the conference/training information. Please wait for approval from your designated VSS staff person prior to purchasing or incurring expenses such as airline tickets, hotel, registration, etc. Not all out of state travel will be automatically approved.

See Appendix G for a copy of the Out-of-State Travel Request form. An excel version of this document will be emailed to all program on or before August 5, 2013 and the form will be posted to Programs Assistant website at <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx> after August 15, 2013.

# Performance Report Forms

Performance Reports are an essential part of communication between programs and the Victim Services Support (VSS) staff. These required reports provide updates on the progress of the funded programs as well as supply required statistical information.

See Appendix D for a list of performance reports and due dates. All performance report forms can be downloaded from the performance report section of the Programs Assistant website at <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx>.

Performance reports do not require an original signature. Please email completed reports directly to your primary Victim Services Support Program (VSS) contact. The following is a breakdown of the various types of required Performance Reports. Please pay special attention to which reports(s) you are required to complete based on the type of funds you receive from the Victim Services Support Program (VSS).

## **A) Bi-Annual VSS Performance Reports:**

**All** VSS funded programs are required to submit VSS Performance Reports on a bi-annual basis. The table below shows the reporting period and due dates for the Bi-Annual VSS Performance Reports. The Bi-Annual VSS Performance Report for Fiscal Year 2014 will be sent out by August 15, 2013. As stated above, all performance report forms can be downloaded from the performance report section of the Programs Assistant website at <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx>.

<b>Bi-Annual VSS Performance Reports for Fiscal Year 2014 (FY14)</b>	
<b><u>Reporting Period:</u></b>	<b><u>Due Date:</u></b>
July 1, 2013 - December 31, 2013	February 15, 2014
January 1, 2014 – June 30, 2014	August 15, 2014

## **B) Violence Against Women Annual Performance Reports:**

Each program that receives Violence Against Women (VW) funds must complete an annual Violence Against Women Performance Report as is required by the Federal Office on Violence Against Women. The VW Annual Performance Report and Instructions can be downloaded from the performance report section of the Programs Assistant website at <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx>.

<b>Violence Against Women (VW) Annual Performance Report</b>	
<b><u>Reporting Period:</u></b>	<b><u>Due Date:</u></b>
January 1, 2013 – December 31, 2013	February 15, 2014

**C) Sexual Abuse Services Program (SS) Annual Performance Reports:**

Each program that receives Sexual Abuse Services Program (SS) funds must complete an annual SS Performance Report as is required by the Federal Office on Violence Against Women. The SS Annual Performance Report and Instructions can be downloaded from the performance report section of the Programs Assistant website at <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx>.

<b>Sexual Abuse Services Programs (SS) Annual Performance Report</b>	
<b><u>Reporting Period:</u></b>	<b><u>Due Date:</u></b>
January 1, 2013 – December 31, 2013	February 15, 2014

**D) Family Violence (FV) Annual Performance Reports:**

Each program that receives Family Violence Prevention & Services Act (FV) funds must complete an annual FV Performance Report as is required by the federal government. The FV Annual Performance Report and Instructions can be downloaded from the performance report section of the Programs Assistant website at <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx>.

<b>Family Violence (FV) Annual Performance Report</b>	
<b><u>Reporting Period:</u></b>	<b><u>Due Date:</u></b>
October 1, 2013 – September 30, 2014	November 15, 2014

## **Primary Victim Services Support Program (VSS) Staff**

Each community/program is assigned a designated VSS staff person that is the primary contact on their VSS-contract(s). The primary VSS staff person is the individual who will review your funding application, budget, budget revision requests, claims for reimbursement and your performance reports. Your primary VSS staff person is also the individual who conducts your Site Monitoring Visit. On occasion, another VSS staff person may also review this information and provide assistance.

Your primary VSS staff person is highlighted in the table below. If your primary VSS staff person is out the office or you need immediate assistance please contact any of the VSS staff listed below.

<b>Name</b>	<b>Title</b>	<b>Email</b>	<b>Phone</b>
Luana Nelson-Brown	Community Specialist	<a href="mailto:Luana.Nelson-Brown@iowa.gov">Luana.Nelson-Brown@iowa.gov</a>	(515) 242-6112
<b>Donna Phillips</b>	<b>Administrator</b>	<b><a href="mailto:donna.phillips@ag.state.ia.us">donna.phillips@ag.state.ia.us</a></b>	<b>(515) 281-7215</b>
Nicole Romer	Victim Services Specialist	<a href="mailto:Nicole.Romer@iowa.gov">Nicole.Romer@iowa.gov</a>	(515) 281-0563
Deana Utecht	Community Specialist	<a href="mailto:Deana.Utecht@iowa.gov">Deana.Utecht@iowa.gov</a>	(515) 281-5206

## **Program Staff Updates**

Your program is required to provide the VSS program with updates within 30 days when there is turnover in staff funded with VSS funds and when there is turnover in staff when their payroll or benefits is used as match on VSS funds. Programs should report other key personnel change as well. Your agency also must notify their primary VSS staff in writing or via email of any VSS-funded positions that remain vacant for 45 days or more. This notification must include reason for vacancy and plan for filling the position.

Program are required to complete the Program Staff Update Form which is located in Appendix H of this document. The Program Staff Update Form can also be downloaded from the fiscal section of our website: <http://victimservicegrant.iowa.gov/FiscalFormsInformation.aspx>. The Program Staff Update form will be posted to the website after August 15, 2013 and an email will be emailed out on or before August 5, 2013 with the Program Staff Update Form.

## **Site Monitoring Visits and Desk Monitoring Audits**

Any VSS-funded program that receives over \$25,000 in VSS funds will receive an on-site monitoring visit once every 3 years at a minimum.

Any VSS-funded program that receives equal to or less than \$25,000 of VSS funds will receive a site monitoring visit every 6 years at a minimum. For the program receiving equal to or less than \$25,000 in VSS funds, a desk monitoring audit is conducted three years from the most recent site monitoring visit.

Site Monitoring Visits or Desk Monitoring Audits may be conducted with any program in any given year if the Victim Services Support Program (VSS) staff determines there is a need or there are concerns.

# **Appendix A**

## **Program Budget Form**

List Program Name Here:

Type of Program:

Projected Budget

July 1, 2014 - June 30, 2014

Payroll <u>List Position Below</u>	Total <u>Expense</u>	VSS Funds						Non-VSS Funds					
		VOCA <u>VA</u>	FVPSA <u>FV</u>	DA <u>DA</u>	SA <u>SA</u>	SASP <u>SF</u>	VAWA <u>VW</u>	City or <u>County</u>	United <u>Way</u>	HSOG <u>HSOG</u>	RPE <u>RPE</u>	Other <u>Other</u>	Donations/ <u>Fundraising</u>
	-												
	-												
	-												
	-												
	-												
	-												
Payroll Subtotal	-	-	-	-	-	-	-	-	-	-	-	-	-
<u>Other Expenses</u>													
Benefits	-												
Travel/Training	-												
Contracted Svc	-												
Equipment	-												
Repairs/Maint.	-												
Rent	-												
Utilities	-												
Communications	-												
Advertising	-												
Supplies	-												
Insurance	-												
Other Direct	-												
Volunteers	-												
<b>Fund Totals</b>	-	-	-	-	-	-	-	-	-	-	-	-	-

# **Appendix B**

# **Budget Revision Request Form**

Iowa Department of Justice  
 Crime Victim Assistance Division (CVAD)  
 Victim Services Support (VSS) Program  
 Budget Revision Request Form

If moving < 10% of total award, you do not need to complete this form.

Program \_\_\_\_\_  
 City \_\_\_\_\_  
 Contract # \_\_\_\_\_  
 Prepared by \_\_\_\_\_  
 Date \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

Expense Category	<u>Budget</u>		Reason for Revision:
	Before	After	
Payroll			
Benefits			
Travel & Training			
Contracted Service			
Equipment			
Repairs & Maint.			
Rent			
Utilities			
Communications			
Advertising			
Supplies			
Insurance			
Other Direct	_____	_____	
<b>Total</b>	-	-	

If needed, you may use the space below to provide additional explanation for revision.

Primary VSS Contact

Division Accountant

Signature: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

# **Appendix C**

## **Due Dates for Claims for Reimbursement**

## Monthly Claim Vouchers For Reimbursement

Claim Period	Due Date
July 1-30, 2013	August 31, 2013
August 1-31, 2013	September 30, 2013
September 1-30, 2013	October 31, 2013
October 1-31, 2013	November 30, 2013
November 1-30, 2013	December 31, 2013
December 1-31, 2013	January 31, 2014
January 1-31, 2014	February 28, 2014
February 1-28, 2014	March 31, 2014
March 1-31, 2014	April 30, 2014
April 1-30, 2014	May 31, 2014
May 1-31, 2014	June 30, 2014
June 1-30, 2014	July 31, 2014

## Quarterly Claim Vouchers For Reimbursement

Quarter	Claim Period	Due Date
Quarter 1	July 1-September 30, 2013	October 31, 2013
Quarter 2	October 1- December 31, 2013	January 31, 2014
Quarter 3	January 1-March 31, 2014	April 30, 2014
Quarter 4	April 1-June 30, 2014	July 31, 2014

# **Appendix D**

## **Due Dates for Performance Reports**

# Due Dates for Performance Reports

## Bi-Annual Performance Reports for Fiscal Year 2014 (FY13)

<u>Reporting Period:</u>	<u>Due Date:</u>
July 1, 2013 - December 31, 2013	February 15, 2014
January 1, 2014 - June 30, 2014	August 15, 2014

## Violence Against Women (VW) Annual Performance Report

<u>Reporting Period:</u>	<u>Due Date:</u>
January 1, 2013 – December 31, 2013	February 15, 2014

## Sexual Abuse Services Programs (SS or SASP) Annual Performance Report

<u>Reporting Period:</u>	<u>Due Date:</u>
January 1, 2013 – December 31, 2013	February 15, 2014

## Family Violence (FV) Annual Performance Report

<u>Reporting Period:</u>	<u>Due Date:</u>
October 1, 2013 – September 30, 2014	November 15, 2014

# **Appendix E**

## **Payroll Summary**

# Payroll Summary for Claim Vouchers

Claim Period:

New Staff	Employee	Title	DS%	Gross Wages	Total PR Claim	DA	SA	FV	SS	VA	VW
<b>Total:</b>				<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
				<b>Gross Wages</b>	<b>Total Payroll Claim</b>	<b>DA</b>	<b>SA</b>	<b>FV</b>	<b>SS</b>	<b>VA</b>	<b>VW</b>

# **Appendix F**

## **Expense Summary**





# **Appendix G**

## **Out of State Travel Request**

Victim Services Support Program (VSS)  
Iowa Attorney General's Crime Victim Assistance Division (CVAD)  
**Out of State Travel Request for Conference/Training/Meeting**

Program: \_\_\_\_\_

City: \_\_\_\_\_

Email contact: \_\_\_\_\_

Date requested: \_\_\_\_\_

Conference/meeting city & state: \_\_\_\_\_

Link to conference information: \_\_\_\_\_

Estimated travel dates: \_\_\_\_\_

Complete the blank sections below that apply to the funds you are requesting. Shaded areas are set to automatically calculate. Please do not enter any amounts in the shaded sections.

<b>A</b>	<b>Lodging:</b>	Daily Rate	Number of Nights	Number of Attendees	Total
					\$0.00
<b>B</b>	<b>Airfare/checked baggage:</b>	Ticket Price per Attendee	Checked Baggage per Attendee	Number of Attendees	Total Airfare
					\$0.00
<b>C</b>	<b>Taxi, shuttle, etc.:</b>	Total Taxi Costs	Total Shuttle Costs	Other Public Transportation	Total (Miles x Rate)
					\$0.00
<b>D</b>	<b>Mileage</b> (use the agency per diem or mileage rate, whichever applies):	Total Miles	Mileage Rate	Total Per Diem Costs	Total (Miles x Rate)
					\$0.00
<b>E</b>	<b>Meals</b> (use the agency per diem or actual expenses, whichever applies):	Total Meal Costs (per Attendee)	Total Attendees	Total Per Diem Costs	Meals Total
					\$0.00
<b>F</b>	<b>Other eligible expenses</b> (registration fees, etc.):				Other Costs Total:
					\$0.00

Total funds requested: \$0.00

Please designate the fund(s) along with the amount that you are requesting from each.

State DA:	State SA:	FV:
SS:	VW:	VA:

*Do not fill out the section below as it is for VSS Staff to complete.*

VSS Staff Signature	Date	Approved	Denied
If denied, reason for denial			

# **Appendix H Program Staff Update Form**

Victim Services Support Program (VSS)  
 Iowa Attorney General's Crime Victim Assistance Division  
**Program Staff Update**

Program & City: \_\_\_\_\_  
 Type of Program: \_\_\_\_\_  
 Email Contact: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Section A:**

Staff Name	Staff Title	Start Date	Direct Service %	Total Hours per week	Salary or Hourly Rate	Email address

**Section B:**

Staff Name	Staff Title	End Date	Direct Service %	Total Hours per week	Salary or Hourly Rate	Vacant for More than 45 days?

If this position has been vacant more than 45 days please explain below:

\_\_\_\_\_  
 Signature (Electronic Signature or Typed Name is Acceptable) \_\_\_\_\_  
 Date

