

OREGON DEPARTMENT OF JUSTICE

2013 – 2017

SAFER FUTURES FUNDING

GRANT APPLICATION

APPLICATION INSTRUCTIONS



**Attorney General Ellen F. Rosenblum
Oregon Department of Justice
Crime Victims' Services Division
1162 Court Street NE
Salem, OR 97301-4096**

RFA RELEASE DATE: AUGUST 30, 2013

ONLINE APPLICATION DUE DATE: SEPTEMBER 30, 2013 BY 5PM PST

AWARD PERIOD: NOVEMBER 1, 2013 – JULY 31, 2017

READ ALL INSTRUCTIONS BEFORE COMPLETING THE GRANT APPLICATION.

GENERAL INSTRUCTIONS

The Oregon Department of Justice, Crime Victims' Services Division (CVSD) reserves the right to make or deny an award without requesting clarification of the application received. Therefore, applicants are encouraged to submit proposals that are complete, accurate and self-explanatory. By submitting an application, an agency agrees to comply with all CVSD grant agreement requirements. A sample 2012-2013 Grant Agreement is available on the CVSD website at: http://www.doj.state.or.us/victims/Pages/ipv_reporting.aspx.

The applicant is responsible for completing and saving all application information in EGrants. CVSD accepts no responsibility for an applicant missing information contained on the CVSD EGrants system.


Applicants may contact appropriate CVSD staff to request informal feedback and technical assistance regarding their grant application after award decisions have been made. The process for requesting a formal review of award decisions and contact information is included in Section 6: Review of Award Decisions.

EGRANTS RESOURCES

EGrants User Guide

The CVSD EGrants Applicant User Guide is the resource for questions related to navigating the system. The Guide is available in a downloadable PDF format at: 1) the EGrants website at www.cvsdegrants.com on the welcome screen under "My Training Materials" and 2) the Oregon Department of Justice Crime Victims' Services Division web site <http://www.doj.state.or.us/victims/pages/egrants.aspx>.

Additional help in EGrants

Additional help is available in the EGrants forms themselves. As you work in the system, you will notice that the form pages contain a "**Show Help**" button. Click on the button to see detailed instructions and/or additional information related to that page. Also, there is information where there is a  icon at the end of a question. Hover your cursor over the icon and a box will appear providing additional information for that question.

RESOURCES FOR THIS APPLICATION

Requests for clarification

Requests for clarification about a provision of this RFA may be submitted by e-mail or telephone to the Single Point of Contact listed below. To be considered, **requests must be**

received by the Clarification Inquiries due date (Monday, September 23, 2013, 12:00 pm)

listed in the Solicitation Schedule of this RFA. Requests for clarification received after the due date may or may not receive a response based on the sole discretion of CVSD. The Single Point of Contact will respond to each properly-submitted request for clarification. Where appropriate, revisions and clarifications of the RFA provisions will be posted via amendment(s) issued by CVSD and posted on the CVSD EGrants System and at the website:

http://www.doj.state.or.us/victims/Pages/safer_futures_funding.aspx

Amendments to this Request for Applications

CVSD may amend this 2013 - 2017 Safer Futures Funding Closed Competitive Application by posting Amendment(s) on the CVSD EGrants System. Where appropriate, CVSD will issue an Amendment that will be added to the Forms Menu in EGrants, immediately below the Request for Applications. Amendments will also be posted on the CVSD website:

http://www.doj.state.or.us/victims/Pages/safer_futures_funding.aspx

Informal inquiries

CVSD may also informally respond to applicants' questions. Informal responses do not affect the provisions of the Safer Futures Funding application which is only changed via formal amendment(s) issued by CVSD.

Applicants will have the opportunity to participate in one of the following informational teleconference/web meeting dates. Please refer to the table below for dates and times of each.

GRANT APPLICANTS' TELECONFERENCE SCHEDULE

Date	Time	Toll Free Number
Thursday, September 5, 2013	10:00am – 11:30am	Web Access (to view documents): https://www.webmeeting.att.com Audio: Toll free number: 1-888-636-3807 Participant Code: 875960
Tuesday, September 10, 2013	11:30am – 1:00pm	Web Access (to view documents): https://www.webmeeting.att.com Audio: Toll free number: 1-888-636-3807 Participant Code: 875960

CONTACT INFORMATION FOR DOJ CVSD STAFF

For questions specific to the application or application process, please contact:

FUND COORDINATOR (Single Point of Contact)

Coordinator	Phone	E-mail
Christine Heyen	(503) 378-5303	christine.p.heyen@doj.state.or.us
Robin Reimer	(503) 378-5348	robin.e.reimer@doj.state.or.us

<p>Mailing Address: Oregon Department of Justice Crime Victims' Services Division 1162 Court Street NE Salem, Oregon 97301-4096</p>
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SOLICITATION SCHEDULE

DATE	ACTIVITY
Friday, August 30, 2013	RFA released
Thursday, September 5, 2013	1 st grant application informational teleconference
Tuesday, September 10, 2013	2 nd grant application informational teleconference
Monday, September 23, 2013,	Clarification Inquiries Deadline 12:00 p.m.
Monday, September 30, 2013	Applications due through CVSD EGrants by 5:00 p.m.
October 2013	Application review period
Last week of October 2013	Applicants notified of awards
November 1, 2013	Grant period begins; Grant Agreement documents available in EGrants
December 30, 2013	Distribution of first payment to subgrantees, subject to CVSD's receipt of executed Grant Agreement and availability of funds

Table of Contents

Section 1: Funding Opportunity Description	1
Purpose	1
Federal Funding Overview	1
State Program Overview	1
Availability and Duration of Funding	3
Eligibility.....	4
Priority Population to Be Served	4
Background	4
Resources Available to Applicants.....	7
Federal Funding Requirements	8
Federal Administrative and National Policy Requirements	8
State Funding Requirements.....	9
Common Requirements	9
Services to Victims of Domestic Violence, Sexual Assault, Dating Violence and Stalking	11
Funding Expectations.....	12
Project Start-Up	12
Collaboration	14
Medical Accuracy.....	14
Performance Measures.....	14
Sustainability Planning	15
Evaluation of All Subgrantee Project Sites	16
Institutional Analysis for Projects in the Child Welfare Cohort.....	16
Training	18
Section 2: General Guidelines	19
EGrants Instructions	19
Required Documents	21
Section 3: Monitoring, Reporting, and Financial Requirements.....	21
A. Grant Monitoring	21
B. Safer Futures Funding Grant Agreement and Conditional Awards	22
Default	22
C. Reporting Requirements.....	23

1.Financial Reporting	23
2.Statistical Reporting Requirements	23
3.Progress Reporting Requirements.....	23
4.Other Data Collection	24
Section 4: Submission information.....	25
Section 5: Application Review and Reservation of Rights	26
Application Review Process	26
Evaluation of Applications	27
Reservation of Rights.....	28
Section 6: Review of Award Decisions.....	28
Informal Review	28
Formal Review.....	29
Section 7: Glossary of Terms.....	29
APPENDICES	31

Section 1: Funding Opportunity Description

Purpose

Intimate partner violence (IPV) is a critical problem for pregnant and parenting women of all ages. Not only is IPV a significant social determinant of a woman's overall health, safety and well-being, it is a substantial issue for Child Welfare and Public Health programs and local health care systems in Oregon. On-site advocacy services offer a form of intervention within these systems that supports positive outcomes for both pregnant and parenting women and for the systems in which they are involved. The focus of projects awarded this funding is to improve pregnant and parenting women's safety and well-being by increasing access to advocacy services within Child Welfare, Public Health and local health care systems.

Federal Funding Overview

The Patient Protection and Affordable Care Act (Public Law 111-148; Affordable Care Act) authorizes the U.S. Department of Health and Human Services (HHS) to establish and administer the Pregnancy Assistance Fund. The Office of Adolescent Health (OAH) within the Office of the Assistant Secretary for Health is responsible at the federal level for administering this program. Oregon is one of 17 States and Tribes awarded these federal funds for the period of August 1, 2013 to July 31, 2017 to develop and implement activities to support pregnant and parenting teens and women. The Pregnancy Assistance Fund: Support for Pregnant and Parenting Teens and Women is authorized by Sections 10211- 10214 of the Affordable Care Act. The Pregnancy Assistance Fund is assigned CFDA #93.500 by the Catalog of Federal Domestic Assistance.

State Program Overview

CVSD's title for this federal grant funding is "Safer Futures Funding: Improving Advocacy Interventions in Child Welfare, Public Health and Local Health Care Systems for Pregnant and Parenting Women Who are Victims of Intimate Partner Violence." Applicants are strongly encouraged to read CVSD's application for the federal Pregnancy Assistance Funds. This federal application describes in depth CVSD's intent and purpose for the Safer Futures Funding. CVSD's federal application can be found in EGrants under the page "Application Menu – Forms".

CVSD is the designated state administrator of the Safer Futures Funding. The primary goal of the Safer Futures Funding is to improve pregnant and parenting women's safety and well-being by increasing access to advocacy services within Child Welfare, Public Health and local health care systems. Additional goals for the funding include: improving Public Health and local health

care provider identification of and response to women who are pregnant and parenting and who are victims of IPV; building capacity and competency for providing IPV advocacy services to pregnant and parenting women in public health and local health care systems, and; improving Child Welfare interventions in cases with pregnant and parenting women who are victims of IPV.

CVSD will establish two cohorts of projects. The **Health Care cohort** will have four projects that work in collaboration with Public Health and local health care providers. The **Child Welfare cohort** will have three projects that work in collaboration with Child Welfare. Each project will operate for a period of three years and nine months. The work of each project will consist of **three main strategies** 1) advocacy intervention, accompaniment, and supportive services provided by the on-site advocate, 2) case consultation and provider training and technical assistance, and 3) capacity building efforts designed to sustain the project beyond the grant funding. Each cohort will have at least one project whose principle focus is to provide culturally specific and linguistically appropriate services for victims from underserved, marginalized, or oppressed communities and/or Tribal nations.

Projects awarded funding as a part of the **Health Care Cohort** will include:

- A maximum of a 1.0 FTE advocate who will provide on-site advocacy services and case consultation at the local Public Health department or other health care provider office;
- A maximum of a 1.0 FTE training and partnership development coordinator who will provide training and technical assistance to Public Health & local health care providers, and who will facilitate participation in CVSD's process/outcomes evaluation; and
- A maximum of a .15 FTE project manager who will provide oversight for the project.

Projects awarded funding as a part of the **Child Welfare Cohort** will include:

- A maximum of a 1.0 FTE advocate who will provide on-site advocacy services and case consultation at a designated Child Welfare branch office;
- A maximum of .25 FTE project manager who will provide training and technical assistance support and facilitate participation in CVSD's process/outcomes evaluation; and
- Participation in an Institutional Analysis with the local Child Welfare branch office that will focus on identifying and understanding the ways in which institutional practices do or do not support victims' and children's safety and hold perpetrators accountable.

All projects will convene local leadership teams comprised of key stakeholders and collaborators who will participate in trainings and in CVSD's evaluation of the projects. In addition, leadership teams who are a part of the Child Welfare cohort of projects will participate in an *institutional analysis* that will focus on identifying and understanding the ways in which institutional practices do or do not support victims' and children's safety and hold perpetrators accountable. These leadership teams are the mechanism by which the funded sites will ensure the success of the projects. Membership on leadership teams is documented in the applicant's Memorandum of Understanding and/or Letters of Commitment.

CVSD in collaboration with its state and national partners will provide projects in both cohorts with training and technical assistance support for implementing the project activities. These partners include the Oregon Department of Human Services (DHS), the Oregon Health Authority, Public Health Division (OHA), the Oregon Coalition Against Domestic and Sexual Violence (OCADSV), Portland State University, Regional Research Institute (PSU) and Futures Without Violence.

Availability and Duration of Funding

The federal grant funds are available to the State of Oregon for a four year period, August 1, 2013 to July 31, 2017. Future annual funding is contingent on availability of appropriated funds through OAH, HHS in FYs 2014, 2015 and 2016. Annual funding for subgrantee projects is also contingent upon the readiness of the subgrantee project to implement the proposed activities for the duration of the award period. CVSD will undertake a review of the subgrantee project on an annual basis. If the subgrantee project is consistently not meeting performance markers, CVSD may determine to discontinue funding based on lack of satisfactory performance.

The period of funding available for applicants of the Safer Futures Funding is November 1, 2013 to July 31, 2017. The three year, nine month project period is calculated and funded as follows:

Table A: Safer Futures Funding – Project Period by Year
(The full project period is 11/1/13 to 7/31/17)

Year	Begins	Ends
Year One	November 1, 2013	July 31, 2014
Year Two	August 1, 2014	July 31, 2015
Year Three	August 1, 2015	July 31, 2016
Year Four	August 1, 2016	July 31, 2017

Table B: Safer Futures Funding - Total Available Funds by Cohort

Cohort	Entire Project Period (November 1, 2013 – July 31, 2017)
Child Welfare	\$1,035,843
Health Care	\$2,357,324

The maximum project budget amounts by cohort and by year are shown below. Further budget instructions are included in EGrants under the Project Budget Show Help. **No match is required for these funds.**

Table C: Maximum Project Budget Amount By Cohort and By Year

Cohort	Year One Only	Years Two, Three & Four	Total Award Amount
Child Welfare	\$68,015	\$92,422	\$345,281
Health Care	\$115,904	\$157,809	\$589,331

Eligibility

This funding opportunity is open to the fourteen non-profit domestic violence/sexual assault (DVSA) community based organizations that received IPV & Pregnancy Grant funding from February 1, 2011 to August 31, 2013. Applicants must partner directly with Child Welfare and Public Health and local health care providers to ensure that the intended programmatic outcomes can be achieved. Applicants may only submit one application for funding in either the Health Care cohort or the Child Welfare cohort.

The authorized representative from the DVSA organization must provide a signed letter to accompany the application establishing the applicant’s authority to apply for and receive an award. All DVSA organizations that receive a Safer Futures Funding award must comply with all federal, state, and local laws, requirements, conditions and limitations as applicable to its project activities and obligations under the CVSD Grant Agreement, a sample of which is available upon request. These funds may not be used to supplant the non-Federal or other Federal funds that would otherwise be made available for this activity.

Priority Population to Be Served

CVSD uses its entire federal Pregnancy Assistance Fund award for the federally identified purpose of “Improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking.”

The population that is eligible to receive services in this federal focus is as follows:

- Women of any age who are pregnant at the time they become victims of intimate partner violence; and
- Women of any age who were pregnant during the one-year period before they became victims of intimate partner violence.

For purposes of this Request for Applications, CVSD refers to the eligible population as “pregnant and parenting teens and women who are victims of intimate partner violence.”

Background

Victims of IPV face unique risks when they are pregnant and/or parenting. Research suggests that the estimated prevalence of violence against women during pregnancy ranges from four to

eight percent.¹ Research also indicates that a pregnant woman has a 35.6 percent greater risk of being a victim of violence than a non-pregnant woman.² IPV is also associated with higher rates of unintended and rapid repeat pregnancies and birth control sabotage among adults and adolescents.³ Significant risks of IPV during and after pregnancy include: mother's late entry into prenatal care, low birth weight babies, premature labor, unhealthy maternal behaviors (e.g. smoking, alcohol and drug use), fetal trauma, and health issues for the mother (depression, poor diet). The effects of relationship factors and stressors can negatively impact parental perceptions of newborns, family environment and attitudes toward parenting.⁴

Screening by a health care provider is important for recognizing the impact of IPV on a woman's health. Nationally, screening for IPV has been promoted as a routine part of assessment in health care settings.⁵ The Affordable Care Act recently required that health plans cover women's preventive services including screening and counseling for interpersonal and domestic violence.⁶ The Oregon Public Health Division's 2012-2017 Strategic Plan⁷ and its Title V Maternal and Child Health Five Year Needs Assessment⁸ both promote routine screening as an approach to addressing family violence. Screening alone does not lead to health or quality of life benefits for women or reduce re-exposure to IPV.⁹ Research suggests that **on-site advocacy interventions have important implications for reducing violence and improving a woman's well-being over time.**¹⁰ Following a positive screening for IPV, health care providers who immediately refer a woman to an on-site advocate for services increase the likelihood that the woman will engage in those services.

Intimate partner violence is also a threat to the safety and well-being of women and their children who are receiving services from Child Welfare. There is well-established evidence that high incidences of IPV and child maltreatment co-occur within the same family.¹¹ Oregon Child

¹ Gazmarian, J.A., et.al. (1996). Prevalence of violence against pregnant women: A review of the literature. *Journal of the American Medical Association*, 275: 1915-1920.

² Gelles, R.J. (1998). Violence and pregnancy: Are pregnant women at greater risk of abuse? *Journal of Marriage and the Family*, 50: 841-847.

³ Gazmarian et al, 1995; Silverman, et al, 2001; Jacoby et al, 1999. Center for Impact Research, 2000

⁴ Glass, N. Intimate Partner Violence: Urgent Implications for Women's Health (Presentation).

<http://www.slideserve.com/presentation/3083.swf>. Accessed August 24, 2013.

⁵ Family Violence Prevention Fund. (2004). *National Consensus Guidelines On Identifying and Responding to Domestic Violence Victimization in Health Care Settings*. Washington D.C.: U.S. Department of Health and Human Services. Retrieved from: <http://www.futureswithoutviolence.org/userfiles/file/Consensus.pdf>

⁶ U.S. Department of Health and Human Services. Women's Preventive Services: Required Health Plan Coverage Guidelines. Health Resources and Services Administration. <http://www.hrsa.gov/womensguidelines>. Accessed March 21, 2013.

⁷ <http://public.health.oregon.gov/about/documents/phd-strategic-plan.pdf>

⁸ <http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/Documents/title-v/MCHB-Report.pdf>

⁹ Wathen, C.N., MacMillan, H.L. (2012) Health Care's Response to Women Exposed to Partner Violence: Moving Beyond Universal Screening. *JAMA*, 308(7), 712-713.

¹⁰ Coker, A.L., Smith, P.H., Whitaker, D.J., et al. (2012). Effect of an In-Clinic IPV Advocate Intervention to Increase Help Seeking, Reduce Violence, and Improve Well-Being. *Violence Against Women*, 18:118. doi: 10.1177/1077801212437908

¹¹ Family Violence Prevention Fund. *The Facts on Children and Domestic Violence*, Family Violence Prevention Fund. San Francisco, CA. Retrieved from: <http://www.lessonsfromliterature.org/docs/Children-and-Domestic-Violence.pdf>

Welfare statistics for 2011 show 35.2% of child protective cases with founded child abuse had domestic violence as a “family stress indicator”.¹² One in three women who have experienced intimate partner violence report that a child witnessed a physical assault, and one in five witnessed a sexual assault in the previous five years.¹³ Similarly, 13.8% of mothers with 2 year old children needed or received services for family violence problems in the past 12 months.¹⁴ Children exposed to IPV during the toddler years have been noted to experience health, intellectual, emotional and behavioral problems; and higher levels of IPV appear to result in more severe child dysfunction.¹⁵ National research has also shown that children born to victims of IPV are at greater risk for child abuse.¹⁶

The ‘Greenbook’, a 1999 publication of the National Council of Juvenile and Family Court Judges, is the foundation for Oregon’s first on-site advocacy interventions in Child Welfare.¹⁷ From 2000 until now, Oregon has supported on-site advocacy services in Child Welfare offices through a patchwork of state and federal funds. In 2011, the Oregon Legislature appropriated state funds for on-site advocates in some Child Welfare and TANF offices. The Pregnancy Assistance Fund award CVSD received from OAH in 2010 also increased access to these important services. Continued federal funding from OAH will allow CVSD and DHS to refine the on-site advocate model and further improve Child Welfare practices in cases with IPV.

CVSD previously received a federal Pregnancy Assistance Fund award for the period of September 1, 2010 to August 31, 2013. During this grant period, CVSD funded 14 subgrant projects from February 1, 2011 to September 30, 2013. The general design of each project was to place an advocate from the local non-profit DV/SA organization on site in Child Welfare and Self Sufficiency programs and in local Public Health departments. Five of the fourteen subgrant projects had bi-lingual, bi-cultural advocates offering services to Spanish speaking Latina women and one project specialized in services to Native American women. Each project was supported by a team of individuals representing the leadership from the partner agencies.

Since February 1, 2011, CVSD has partnered with PSU to conduct an evaluation of the project activities. Results from this evaluation included positive changes in partner agency staff

¹² Oregon Department of Human Services. (2011). *Oregon Child Welfare Data Book*. Salem, OR. Retrieved from: <http://www.oregon.gov/dhs/abuse/publications/children/2011-cw-data-book.pdf>.

¹³ Oregon Health Authority. (2012). *Oregon Public Health Division Strategic Plan 2012-2017*. Portland, OR. Retrieved from: <http://public.health.oregon.gov/About/Documents/phd-strategic-plan.pdf>.

¹⁴ Oregon Health Authority. (2011). *Oregon Title V Maternal and Child Health: Five Year Needs Assessment*. Portland, OR. Retrieved from: <http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/Documents/title-v/MCHB-Report.pdf>

¹⁵ U.S. Advisory Board on Child Abuse and Neglect. (1995). *A Nation’s Shame: Fatal Child Abuse and Neglect in the United States: Fifth Report*. Washington, DC: U.S. Department of Health and Human Services. Retrieved from <http://ican-ncfr.org/documents/nations-shame.pdf>

¹⁶ Edleson, J. The overlap between child maltreatment and woman abuse (revised April 1999). VAWnet; National Resource Center on Domestic Violence.

¹⁷ Schechter, S. & Edleson, J.L. (1999). *Effective Interventions in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*. Reno, NV: National Council of Juvenile and Family Court Judges. Retrieved from http://www.ncjfcj.org/sites/default/files/greenbook%20final_4-5-07.pdf

attitudes and practices related to cases with intimate partner violence. To view the evaluation findings, visit CVSD's website at http://www.doj.state.or.us/victims/Pages/ipv_reporting.aspx.

Applicants are strongly encouraged to read CVSD's application for the 2013-2017 federal Pregnancy Assistance Funds. Doing so will provide the applicant with a fuller picture of the purpose and direction of the Safer Futures Funding. CVSD's federal application can be found in EGrants on the Safer Futures Funding page "Application Menu – Forms".

Resources Available to Applicants

In developing the application, applicants may want to review existing public resources such as, but not limited to, the following:

- Office of Adolescent Health Pregnancy Assistance Fund Center: Includes access to a wide range of resources on education, health, healthy relationships, intimate partner violence, youth development and parenting. Available at <http://www.hhs.gov/ash/oah/oah-initiatives/paf>.
- Futures Without Violence: A leader in the field for professional training and education, national policy development, and public actions designed to end violence against women, children and families. Available at <http://www.futureswithoutviolence.org/>
- Healthy Teen Network: A national organization focused on adolescent health and well-being with an emphasis on teen pregnancy prevention, teen pregnancy and teen parenting. Available at <http://www.healthyteennetwork.org/>
- The Greenbook Initiative: The initiative has funded projects and produced materials since 1999 intended to support child welfare and domestic violence providers in working together more effectively to serve families experiencing violence. Available at <http://www.thegreenbook.info/>
- Oregon Child Welfare Practices for Cases with Domestic Violence: The guide focuses on domestic violence cases where child protective services intervenes and specifically describes DHS' best practice for working with domestic violence cases throughout the life of a case. Available at <https://apps.state.or.us/Forms/Served/ce9200.pdf>
- Working Together – A Desk Guide for Domestic Violence Advocates Co-Located at DHS: The desk guide is designed to provide an overview of the co-located advocate's role and responsibilities in partnership with DHS. <http://www.oregon.gov/dhs/abuse/domestic/docs/working-together-guide-for-domestic-violence-advocates.pdf>

In addition to these self-guided materials, DHS and OHA staff is available to support applicants and their partners as needed and as possible. These contacts can also link applicants with local partners.

Table D: DHS and OHA Contacts

Oregon Health Authority Public Health Division Center for Prevention and Health Promotion	Oregon Department of Human Services Children, Adults and Families
Julie McFarlane Julie.m.mcfarlane@state.or.us (971) 673-0365	Cheryl O’Neill Cheryl.l.oneill@state.or.us (503) 945-6686
	Stephanie Hoskins Stephanie.k.hoskins@state.or.us (503) 945-6274

Federal Funding Requirements

Federal Administrative and National Policy Requirements

Applicants that receive a Safer Futures Funding award must comply with all federal, state, and local laws, requirements, conditions and limitations as applicable to its project activities and obligations under the CVSD Grant Agreement, a sample of which is available upon request. These terms and conditions are also reflected in the Certified Assurances Form available in EGrants (Form G: Attachments to Upload, Question 3) as a part of this application.

In accepting the subgrant award, the applicant stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant. In addition, grant award recipients must comply with HHS Grants Policy Statement (available at <http://www.hhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts.

Subgrant funds may only be used to support the activities outlined in the approved project plan. The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan. Federal grant support must be acknowledged in any publication developed using Safer Future Funding. All publications developed or purchased with funds awarded through this program must be consistent with the requirements of the program. Pursuant to 45 CFR § 74.36(a), HHS may reproduce, publish, or otherwise use materials developed under this grant for Federal purposes, and may authorize others to do so.

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards issued for \$25,000 or more over the life of any sub-award. In order to satisfy this requirement, funded sub-recipients are required to have a “data universal numbering system” (DUNS) and to

maintain a current registration in the System for Award Management (SAM). Prior to a sub-grant agreement being issued from this application, all organizations meeting this criteria requirement must provide proof of a current CCR to CVSD.

State Funding Requirements

Common Requirements

Applicants eligible for these funds must fulfill the following CVSD requirements. These requirements are universal to all CVSD funding streams, including the Oregon Domestic and Sexual Violence Services (ODSVS) fund, the Victims of Crime Act (VOCA) funding, the Violence Against Women Act (VAWA) funding and the Sexual Assault Services Program (SASP) funding.

1. Effective Services

Applicants will be able to provide the necessary range of the services listed below under **Services to Victims of Domestic Violence, Sexual Assault, Dating Violence and Stalking** which outlines the minimum expectation for services to be provided. For purposes of the Safer Futures Funding, the expectation is that the applicant agency has a history of providing the services key to this project including: crisis response, safety planning, advocacy (including systems advocacy), information and referral, peer support, follow-up, public presentations and outreach. During the Safer Futures Funding project period, CVSD will assure that grantees are providing effective services as defined below under **Services to Victims of Domestic Violence, Sexual Assault, Dating Violence and Stalking** through site visits and required periodic subgrantee reports.

2. Access to Services

To ensure meaningful access to services for all victims of domestic violence, sexual assault, dating violence and stalking, applicants must be able to appropriately respond to an initial crisis call and/or initial disclosure of domestic violence, sexual assault, dating violence or stalking with safety planning and support. In addition, those organizations whose primary services are focused on either domestic violence or sexual assault victims will be able to directly link victims whose needs may be beyond their expertise to the appropriate partner agency.

3. Trained Staff, Volunteers and Board

Applicants will provide training according to the requirements for training staff and volunteers adopted by the DHS Advisory Committee on February 16, 2007; and the requirements for training Board members first adopted in 2002 and reaffirmed in 2007. A copy of the training requirements is included in the appendices to this document.

4. Good Fiscal Management

Applicants will be able to maintain adequate funding, keep financial records and comply with grant reporting requirements. Applicants with deficiencies in timely and accurate reporting in previous grants may receive conditional grants and be required to submit additional information addressing those deficiencies before a grant is awarded and/or may receive additional grant agreement conditions as described in Section 3.

5. Financial, Statistical and Progress Reporting

Applicants will submit regular financial, statistical and progress reports on services provided specific to the staff positions supported by these funds. More detailed information can be found in Section 3 of this document.

6. Compliance with Relevant Federal and State Laws

By submitting an application, applicants will signify their intent to comply with relevant Federal and State laws. This requirement is reflected in the Certified Assurances Form available in EGrants as a part of this application. The CVSD Grant Agreement will also include all relevant Federal and State laws that apply to these funds.

7. Confidentiality Policies and Procedures

The applicant will have policies and/or procedures to protect the confidentiality and privacy of persons receiving services and will not disclose personally identifying information or individual information collected in connection with services requested, used, or denied without the informed, written, reasonably time-limited consent of the person whose information will be disclosed. Non-personally identifying information may be shared in the aggregate for reporting purposes. Policies will be reviewed during site visits.

8. Demonstrated Community Support

Applicants will begin or maintain their involvement in coordinated community public and private efforts to aid victims of IPV. Coordination and collaboration may include, but is not limited to, serving on state, federal, local or Native American task forces, commissions, working groups, coalitions and/or multi-disciplinary teams. Coordination and collaboration efforts also include developing written agreements that contribute to better and more comprehensive services to victims of IPV.

9. Culturally Competent and Accessible Services

All grantees are expected to provide meaningful access to culturally competent DVSA services to all victims/survivors in their region, including those from underserved, marginalized, and/or oppressed communities, and Tribal Nations. CVSD's *Cultural Competency Standards* is a recommended resource which is available at <http://www.doj.state.or.us/victims/pages/publications.aspx> . In addition, CVSD will provide technical support to applicants upon request and to the extent possible.

Services to Victims of Domestic Violence, Sexual Assault, Dating Violence and Stalking

All applicants are required to provide Safety Planning in order to receive funding. Applicants are not required as a part of this project to provide the full scope of services listed below. However, the list offers the range of services the subgrant funded advocate may provide.

1. **24 Hour Crisis Response** is the ability to respond in person when requested to provide needed support and assistance. Crisis response includes accessing emergency shelter, accompanying the survivor to Sexual Assault Forensic Exams (SAFE), hospitals and/or law enforcement by advocates trained in the appropriate in-person response, and meeting victims who need immediate or in-person support. Crisis response must be available 24 hours a day. For any part not primarily provided directly by the applicant agency, the applicant must have a clear and direct linkage to a partner agency.
2. **Safety Planning** is any formal or informal, written or oral, conversation or process with the victim through which the applicant agency works with the victim to identify and address risks, barriers or concerns regarding the victim's ability to be safe from domestic violence, sexual assault, dating violence and/or stalking. All applicant organizations must offer safety planning through crisis lines, at shelters and/or through other services.
3. **Information and Referral** is a response to requests for information and/or referral regarding community services with the provision of current and appropriate referrals to meet these needs. Referrals shall include available culturally specific services and specialized services for typically underserved populations. Whenever possible, referral information given to the survivor shall include a contact name at the referral agency and specific service information.
4. **Transportation** is provided or arranged from danger to safety and to other needed services as available. Options for transportation include:
 - a. use of staff and/or volunteers;
 - b. use of agency vehicles;
 - c. assistance with public transportation;
 - d. gas and bus vouchers; and
 - e. agreements with other agencies.
5. **Peer Support** means interactions, either through phone contact, peer-to-peer individual meetings and/or group sessions, in ways that validate the experiences of the victims and not blame them, explore their options, build on strengths and respect their right to make their own decisions.
6. **Advocacy** is active assistance to victims to secure services through preparation for the service or court process, accompaniment to other agencies and assistance in that process, and/or speaking up on their behalf, when requested and in partnership with the victims. Advocacy also includes work with other systems on behalf of all victims to

improve the response to victims. Case consultation with a staff person from another agency is a form of advocacy.

7. **Follow-Up** is individual emotional support, empathetic listening, and guidance for other than crisis reactions after the victimization.
8. **Public presentations** are speaking engagements and other education efforts in schools, community centers or other public forums to increase access to services for victims of domestic violence, sexual assault, dating violence and stalking and increase awareness on the nature of domestic violence, sexual assault, dating violence and stalking.
9. **Outreach** is a set of activities including speaking engagements, public service ads, printed materials and web sites designed to reach potential users of services.
10. **Legal Services** means civil legal assistance or non-legal advocacy of the following kinds:
 - a. Assistance obtaining, upholding or resisting a Family Abuse Prevention Act temporary restraining order, sexual assault protection order or stalking order when related to an emergent incident of domestic violence on the recipient of legal assistance;
 - b. Assistance obtaining, modifying and/or enforcing emergency custody, visitation, child support or parenting time orders;
 - c. Assistance in applying for permanent resident status for immigrants who qualify for aid under the VAWA "Protection for Battered Immigrant Women and Children," section 40701 of the federal statute; and
 - d. Legal assistance with housing matters where there is a factual basis to believe that the person has been evicted or discriminated against because the person has been the victim of domestic violence or sexual assault, and such action has resulted in an emergency need for the victim.

Funding Expectations

Project Start-Up

During the first three months of the first grant year, subgrant projects are expected to engage in a planning, piloting and readiness period. The period is devoted to securing partnerships, strategic planning, hiring if necessary, training, conducting needs assessments, reviewing materials for medical accuracy, and otherwise ensuring readiness for full implementation of the project. The duration of the planning period is contingent upon each subgrant project's readiness, but will not exceed three months. The planning period is designed to assist funded projects to do the following activities:

- Continue to Assess Needs and Resources: Applicants are expected to use data to justify the need for the proposed project in their application. The planning period allows time

for subgrantees to continue assessing needs of the target population and resources available in the community(ies) to ensure the proposed project is a good fit prior to implementation. Results of the needs and resource assessment should be used to identify additional partners and to inform the project goals and objectives. Conducting a needs and resource assessment is not a one-time activity, but should be repeated periodically to ensure the project continues to meet the needs of the population served.

- Finalize Goals, Objectives and Logic Model: Applicants are expected to propose goals, objectives and a logic model in their application, describing the challenges, barriers and system gaps they plan to impact with the project. The planning period will enable subgrantees, with the assistance of CVSD, to refine and finalize the goals, objectives and logic model.
- Build Organizational Capacity: Applicants are expected to describe their organizational capacity to implement the proposed project and strategies and to identify additional capacity needs or other resources to successfully implement the project. During the planning period, subgrantees will have an opportunity to enhance their organizational capacity, including training from CVSD for staff to enhance their skills to deliver the proposed project.
- Engage in Sustainability Planning: During the planning period, subgrantees are expected to begin planning for sustainability with their key implementation partners to ensure a shared vision and action plan for accomplishing the project goals and objectives.

By the end of the three month period, all partners should be in place and ready to begin implementation of the project. By January 31, 2014, subgrantees must submit to CVSD evidence that they have secured all partnerships and are ready to begin project implementation. This evidence must include documentation of:

- Hiring subgrant funded staff, if necessary;
- Completing 40-hour core advocacy training for all subgrant funded staff;
- Convening the project leadership team;
- Attending CVSD's training for projects in both cohorts;
- Beginning participation in CVSD's blog site and listserv;
- Beginning distribution of participant surveys;
- Creating an initial project action plan with the project leadership team to submit to CVSD; and
- Beginning work with the project leadership team on the project sustainability plan.

Subgrantees must have approval from CVSD to proceed with full implementation of the project after January 31, 2014. Projects with advocate staff continuing on from the previous IPV & Pregnancy Grant may provide the same or substantially similar services under the new Safer Futures Funding award during the start-up period as long as those services fulfill the Goals and Objectives of the new subgrant award.

Collaboration

Subgrantee projects are expected to establish strong collaborations and partnerships within the community to ensure the availability and success of the on-site advocacy services for pregnant and parenting teens and women. Under the Safer Futures Funding, CVSD expects that strong partnerships will be developed for project implementation purposes and to ensure that the project is effectively responding to the needs of the population being served. CVSD strongly encourages partnerships for projects in the Child Welfare cohort with direct service and management staff in the local Child Welfare branch as well as with other social service programs that directly benefit participants in the Child Welfare system. For projects in the Health Care cohort, CVSD strongly encourages partnerships with Public Health department nursing staff and management and with the local Coordinated Care Organization. When selecting a partner program within Public Health, applicants are asked to consider where the greatest number of pregnant teens and women are being served to ensure that the advocacy services will be best utilized. Examples of other partnerships that may benefit projects in the Health Care cohort include Community Based Health Centers and School Based Health Centers.

Medical Accuracy

Subgrant projects are expected to ensure that materials used in any activities supported by the Safer Futures Funding are medically accurate and complete. The term “medically accurate and complete” means all medical information is verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable, or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete. The term may also be applied to non-medical information, resources and materials that are supported by research and are recognized in the field as accurate, objective and complete.

Subgrantee projects are strongly encouraged to develop materials, training curriculum, tools for providers, etc. that are medically accurate and complete. As a part of the application, applicants will be asked to describe the process they plan to use to ensure the medical accuracy of the grant funded project materials, including how the review will be conducted and who will be responsible for reviewing materials. For example, a subgrantee projects may propose to train Public Health staff on how to use screening tools developed by Futures Without Violence. The subgrantee project determines that the screening tools are “medically accurate and complete” after a comprehensive review of the tools by the local leadership team, Public Health management staff, and/or CVSD. As another example, subgrantee project may propose to train Child Welfare case workers about IPV using a training curriculum from the Duluth Model. The subgrantee project determines the training curriculum is “medically accurate and complete” after a comprehensive review of the training by the local leadership team, Child Welfare management staff, and/or CVSD.

Performance Measures

All funded recipients will be expected to collect and report on a common set of performance measures to assess project implementation and whether the projects are achieving the

intended outcomes. Generally, there are four broad categories of performance measures that CVSD anticipates all subgrantee projects will be required to track: (1) participant demographics (e.g., age, gender, race, ethnicity) (2) output measures (e.g., number of participants served, services and referrals provided); (3) implementation and capacity building (e.g., trainings, community partnerships, public awareness strategies); and (4) outcome measures (e.g., increased safety, changes in practice, etc.). Applicants will be required to collect performance measure data from individual participants, as well as from their own staff and from the project partners. Applicants will be asked to describe their capacity to report on such performance measures. CVSD will develop a standard set of performance measures that will be uniformly collected across the subgrantee projects. Final performance measures will be shared with subgrantee projects after November 1, 2013.

Sustainability Planning

CVSD expects subgrantee projects to develop a sustainability plan by June 30, 2014. Subgrantee projects will then implement the strategies outlined in their plan to sustain the project for each year of the award period. CVSD will offer subgrantee projects training, technical assistance, resources and tools for their sustainability planning.

Sustainability planning positions the project for long-term success. Sustainable projects are more likely to produce lasting outcomes and have greater positive impact on their communities. Sustainability planning asks questions like:

- Where are we now?
- Where are we going?
- Where do we want to be?
- How do we get there?
- Are we there yet?
- What are we doing well and what do we need to do differently?

Sustainability planning helps projects consider how they will continue services in the long-term, build organizational capacity to develop and grow the project, maintain positive outcomes and secure future funding. When considering the steps necessary for creating a sustainability plan, applicants may ask themselves how will their organization:

- Build leadership competence?
- Build effective local networks and collaborate successfully?
- Demonstrate project results?
- Assess and address community need?
- Think strategically about future funding?
- Involve staff and integrate knowledge institutionally?
- Increase program responsiveness?
- Improve and expand on-site advocacy services, especially for teens and underserved populations?
- Develop and implement policy changes within the organization and at the provider and community level?

For more information about sustainability planning, visit the Office of Adolescent Health Pregnancy Assistance Fund website at <http://www.hhs.gov/ash/oah/oah-initiatives/paf/training/sustainability.html>

Evaluation of All Subgrantee Project Sites

All subgrantee project sites and their project partners are expected to participate in an evaluation conducted by CVSD. CVSD will conduct an evaluation of the each project's activities to identify changes in practices and policies that enhance the safety of pregnant and parenting women and their children. CVSD will work with PSU to ensure the coordination of the evaluation efforts. The evaluation of the projects will consist of three components: 1) an implementation study to ensure services are being delivered as intended; 2) an in-depth process evaluation to identify the key mechanisms as well as opportunities for improving the ability of the system to meet the needs of survivors; and 3) an outcome evaluation to document changes in knowledge, attitudes and beliefs as well as the impact on pregnant and parenting women and their children. In addition, CVSD will partner with PSU and the staff at the project sites to disseminate evaluation results in an accessible and timely manner in an effort to promote the effective utilization of this information. CVSD and PSU will also produce conference presentations and scholarly articles about the evaluation results as appropriate. For a full description of the intended evaluation plan, read CVSD's federal application to the Office of Adolescent Health for the Pregnancy Assistance Fund. CVSD's federal application can be found in EGrants on the Safer Futures Funding page "Application Menu – Forms".

Institutional Analysis for Projects in the Child Welfare Cohort

Subgrantee project sites will participate in an institutional analysis that will focus on identifying and understanding the ways in which institutional practices do or do not support victims' and children's safety and hold perpetrators accountable. The institutional analysis is grounded in the practice of Institutional Ethnography, and will borrow heavily from the Safety and Accountability Audit process developed and pioneered by Praxis International. The institutional analysis will involve examining the structure of case processing and management by mapping the system, interviewing case workers and survivors, observing case workers, and analyzing paperwork and other texts generated in the handling of child welfare cases that involve domestic violence. The focus will be on the fit between what victims and their children need and what the child welfare system provides. Project sites will have opportunities to locate how problems are produced by institutional practices, while simultaneously discovering how to solve them. Recommendations will inform the creation of new rules, policies, procedures, forms and training at both the local and State levels that will enhance victim and child safety and perpetrator accountability.

CVSD expects that each institutional analysis with the subgrantee project site will occur over a period of six months in either Year Two or Year Three of the subgrant award period. Each subgrantee project site will follow a similar action plan for conducting the institutional analysis. This step by step plan will be supported by CVSD and PSU and will involve the subgrantee

project staff, the project leadership team, the management and staff at the local Child Welfare branch office and survivors who have agreed to participate. The steps are to:

1. Map case flow(s);
2. Identify key practices;
3. Select practices for analysis;
4. Design the research plan for each practice;
5. Develop a timeline;
6. Implement research plans;
7. Review information;
8. Develop recommendations and an action plan for implementation; and
9. Follow up.

Table E: Institutional Analysis Timeline

Preparation	First Month	Months 2 -5	Month Six	Months 7 - 9
Three months prior to the start; map case flow(s)	Identify key practices; select practices for analysis; design the research plan for each practice; develop a timeline	Implement research plans	Review information; develop recommendations and an action plan for implementation	Follow up

PSU anticipates the following staff resources are needed from both the DVSA organization and the local Child Welfare branch office involved with the project:

- One supervisor from each of the Child Welfare branch office units representing primary work categories (Child Protective Services, Permanency, Adoptions, Certification, Office Managers/CMCs, SSAs, Intake, etc.);
- One staff person from each of the Child Welfare branch office units representing primary work categories (except in smaller branches where supervisors carry cases);
- The Project Manager from the DVSA organization;
- The Co-Located Advocate from the DVSA organization;
- Two survivors, at least one of whom has experience as a participant in the Child Welfare system.

PSU has estimated the number of hours required for each staff person listed above to participate in the institutional analysis. Contact CVSD for an accounting of the estimated number of hours needed from each staff person to successfully complete the institutional analysis.

Training

Training will be provided to projects in both cohorts. All subgrantee project funded staff must receive 40-hour core advocacy training before the delivery of services begins. Following this training, advocates will understand basic skills for delivering advocacy services, the theoretical dynamics of oppression, the dynamics and effects of intimate partner violence in diverse populations, and strategies for providing culturally and linguistically appropriate services.

Each cohort of subgrantee projects will have specific training focus. For the Child Welfare cohort, the training focus will be on improving collaborative interventions in cases with pregnant and parenting teens and women who are victims of intimate partner violence. For the Health Care cohort, the training focus will be on improving health care provider assessment, identification, and response for pregnant and parenting teens and women who are victims of intimate partner violence.

Table F: Training Requirements by Cohort

Cohort	Year One	Year Two	Year Three	Year Four
Child Welfare	2 ½ day Cohort Training for the Advocate and Project Manager	2 ½ day Cohort Training for the Advocate and Project Manager	2 ½ day Cohort Training for the Advocate and Project Manager	2 ½ day Cohort Training for the Advocate and Project Manager
Health Care	2 ½ day Cohort Training for the Advocate, Training & Partnership Development (TPD) Coordinator and Project Manager 1 ½ day Cohort Training for the TPD Coordinator	2 ½ day Cohort Training for the Advocate, Training & Partnership Development Coordinator and Project Manager National Conference on Health & Domestic Violence, March 19-21, 2015 for the Advocate and TPD Coordinator	2 ½ day Cohort Training for the Advocate, Training & Partnership Development Coordinator and Project Manager	2 ½ day Cohort Training for the Advocate, Training & Partnership Development Coordinator and Project Manager

CVSD and DHS will develop and execute training for advocates and Child Welfare staff that further strengthens Oregon’s Child Welfare best practices in cases involving domestic violence. Training will have a particular focus on increasing effectiveness of Child Welfare and co-located advocacy interventions that support pregnant and parenting teens and women who are victims of intimate partner violence. CVSD and DHS will develop these trainings in consultation with the local project leadership teams.

CVSD and OHA, the Oregon Coalition Against Domestic and Sexual Violence (OCADSV) and Futures Without Violence (FWV) will collaborate to provide training and technical assistance for the subgrant funded DVSA organizations and their Public Health and local health care partners. The trainings will promote the integration of appropriate and effective assessment, identification and response to IPV within the public health and local health care systems. The trainings will also communicate with Public Health and local health care partners that on-site advocate interventions are effective at reducing violence and improving a woman's well-being over time.¹⁸ OHA, OCADSV and FWV will also offer technical assistance to the TPD Coordinators, including help in 1) identifying screening and assessment tools to share with local health care providers, 2) developing protocols that outline steps for local health care providers to refer a victim to an advocate, and 3) developing localized training on IPV for health care providers.

CVSD intends to use several training methods to reach advocates, Child Welfare staff, Public Health staff and local health care providers through the subgrantee project sites. These methods will include Learning Circles, which encourage peer to peer learning and support the transfer of learning into practice. CVSD and its training partners will also offer webinars, conventional classroom trainings and conferences. In addition to the subgrant funded project staff, CVSD expects to reach as many as 75 DVSA organization advocate staff, 300 Child Welfare staff, 400 public health and health care providers through its trainings over the four year project period. Participants in the project will also have access to a blog site and listserv in order to receive timely communications and information.


Section 2: General Guidelines

EGrants Instructions

The following instructions are intended to guide the applicant in completing the 2013-2017 Safer Futures Funding Closed Competitive Application:

- A. Applicants are only required to register one time in CVSD EGrants. There is no need for multiple accounts within CVSD EGrants. **However, the agency must annually review and update the agency's contact and member profile information including deactivating staff no longer associated with the agency. This process should be done prior to beginning the application.** Please see *CVSD E-Grant Applicant User Guide, Chapter 5: Keeping Contact Information Current*.

¹⁸ Coker, A.L., Smith, P.H., Whitaker, D.J., et al. (2012). Effect of an In-Clinic IPV Advocate Intervention to Increase Help Seeking, Reduce Violence, and Improve Well-Being. *Violence Against Women*, 18: 118 doi: 10.1177/1077801212437908

- B. Technical assistance for CVSD EGrants can be obtained by:
1. Using the “**Show Help**”. As the applicant navigates and works in the system, selected pages contain a “**Show Help**” button providing instruction details or additional information specific to the page.
 2. Using the cursor to hover over the  icon at the end of a question. A box will appear providing extra assistance for that question.
 3. Using the CVSD E-Grant Applicant User Guide.
 4. Contacting the CVSD Grant staff as listed on page 3 of this RFA for assistance with the application contents;
 5. Contacting the system Help Desk for technical assistance, Monday – Friday 5am to 5pm, Pacific Standard Time, at 1-800-820-1890 or email helpdesk@agatesoftware.com.
- C. **Applications must be completed and submitted entirely through the CVSD EGrants system.** The forms section is where the majority of the work for an application is done and where requested documents are uploaded. All forms must be complete with no error messages before you submit the application. Completing all forms is not the same as “submitting” the application.
- D. Additional tips on working in CVSD EGrants:
- Complete narrative sections in a word processing program and paste them into the appropriate section. Because the text boxes have limited character counts, using the character counting tool in a word processing program when creating your response may be helpful. Please see the CVSD EGrants Applicant User Guide: *Application form completion: Copy and Paste* for additional information on this topic.
 - Check your application periodically by using the “check for global errors” button at the top of the screen. CVSD EGrants will provide error messages at the top of a page directing the applicant to errors or incomplete forms in your application..
 - Required fields have an asterisk (*), however, applicants are encouraged to complete all other fields as appropriate to the application.
 - Remember to click “**Save**” frequently to save the information you have written. The system will not save information if you go to the next page without saving. If the system “times out” any newly entered information may not be saved.
 - Have someone other than the writer of the grant review the application before you submit it.
- E. **To submit an application, applicants must change the status of their application to “Application Submitted” when all forms have been completed and all errors are corrected.**
- F. **The application is due Wednesday, September 25, 2013 by 5:00 p.m. Pacific Standard Time.** The application will not be accessible after the above mentioned time. **Once an application is submitted it will become a “read-only” document and cannot be changed. Late applications will not be accepted.** For information on *Submitting your Application* see the CVSD EGrants Applicant User Guide.

Required Documents

Certified Assurances, Letter of Authorization and Certificate of Non-Supplanting documents can be found in CVSD EGrants.

Additional documents will need to be uploaded within the following forms in CVSD EGrants. Uploads include: Not sure why you need this and it repeats information from above.

- Positions Descriptions
- Resumes for key personnel
- Confidentiality protocols/agreements
- Release of information form
- Memorandum of Understanding or Letters of Commitment
- Letter of Authorization
- Certificate of Nonsupplanting
- Application Certification and Certified Assurances

DO NOT attach any documents that have not been requested unless directed by CVSD.

The CVSD EGrants system allows the applicant to check the status of each form and see when the form was first created and last modified. When a form is complete, click on the button “mark as complete” and the icon next to the form name will show a check mark. This helps the applicant keep track of when each form is complete and is a helpful tool for tracking the applicant’s overall progress in filling out the application.

SECTION 3: MONITORING, REPORTING, AND FINANCIAL REQUIREMENTS

A. Grant Monitoring

CVSD will monitor each grantee receiving Safer Futures Funding. The objectives of monitoring are: a) to assure that the subgrantee and project partners are providing services as described in this RFA and working towards its objectives; b) that the subgrantee is spending subgrant funds as agreed and following appropriate fiscal procedures; and c) to provide support and technical assistance to the subgrantee project and partnerships. This includes support for project evaluation activities. Monitoring includes telephone and on-site visits intended to provide technical assistance and support program development. During on-site visits, CVSD staff will review all financial records and other supporting documentation for costs and expenditures related to CVSD administered subgrants.

B. Safer Futures Funding Grant Agreement and Conditional Awards

An example of a 2012-2013 CVSD grant agreement is available online at the CVSD website: http://www.doj.state.or.us/victims/pdf/ipv_grant_agreement.pdf. Grant agreements are not complete until signed by the applicant and the Department designee. Review the grant agreement carefully before applying.

All subgrant awards are made conditional upon the timely completion of subgrant award documents. Funds are not considered obligated and subgrantees will not be reimbursed until all required subgrant award documents have been signed by an applicant and by the Department designee. If subgrant award documents are not completed by an applicant within ninety (90) days of the notice to the applicant of the intended award, CVSD has the authority to withdraw the award and reallocate the funds.

Once a grant agreement has been signed by all parties, the Grantee has sixty (60) days for the Project to become operational. If the Project is not operational within that time period, the subgrantee must contact CVSD and describe the steps necessary to make the Project operational. Should the Project not be operational after ninety (90) days, the subgrantee must once again contact CVSD explaining the delay. At this time, CVSD will take the steps necessary to ensure the intent of the funds is met which may include a reduction in the award amount or possibly terminate the Agreement and reallocate the funds.

In addition, an award may be made conditionally if the subgrantee:

- Is not current in reporting for any previous CVSD grant award;
- Has not fully demonstrated the ability to successfully manage previous CVSD grant fund awards;
- Has not demonstrated at least two prior years of program stability* as required by this application;
- When other circumstances exist that require a further showing of applicant's ability to successfully manage a Sexual Assault Services Program (SASP) award.

If one or more of these conditions exist, the applicant will be notified that a conditional award has been approved and will be advised which conditions need to be satisfied by the applicant and the date by which they must satisfy the conditions.

Default

Applicants who do not satisfy conditions of funding by the date specified shall be notified in writing that the conditions have not been satisfied and the conditional award has been withdrawn. In some cases no funds will be have been reimbursed before the conditional award has been withdrawn. When funds have been reimbursed and a conditional award is withdrawn, any unexpended dollars already distributed to the applicant are to be returned to the administering agency and any contractual obligation undertaken by the administering agency to the applicant are thereupon terminated.

If an applicant cannot demonstrate stability as required and described by the previous paragraphs of this section, in order to be eligible for a Pregnancy Assistance Fund award, the applicant must demonstrate that at least 25% of its financial support comes from sources other than the fund for which the application has been made.

C. Reporting Requirements

In addition to the conditions specified in the preceding section (“Safer Futures Funding Grant Agreement and Conditional Awards”) and as a condition of receiving a Safer Futures Funding award, recipients must adhere to the financial guidelines set forth in the fund specific CVSD Grant Agreement. A sample 2012-2013 Grant Agreement is available on the webpage: http://www.doj.state.or.us/victims/pdf/ipv_grant_agreement.pdf.

All CVSD Grant Agreements provide that grantees who fail to meet any of the reporting requirements included in this section (financial, narrative and/or statistical) shall be considered to be in default under the agreement. In such a case, CVSD has the right to end the subgrant. CVSD may also reduce the award proportionately to the period for which reports were not submitted in a timely manner. Please see the “Termination and Default” section of the CVSD Grant Agreement for additional information.

Reporting for the Safer Futures Funding will be done through the CVSD EGrants system unless otherwise indicated by CVSD. See the reporting schedule at the end of this section. Details and training on reporting within the CVSD EGrants system will be provided by CVSD staff.

1. Financial Reporting

CVSD operates Safer Futures Funding on a reimbursement basis, meaning that subgrant funds are paid to subgrantee organizations after expenditures have been incurred. Payments to subgrantees are made when CVSD receives a Monthly Financial Report (MFR). Financial reports are due on the last day of the month following the month captured in the report and will be submitted through the CVSD EGrants system.

2. Statistical Reporting Requirements

Each subgrantee must submit complete and accurate statistical reports on subgrant funded activities on a semi-annual basis. CVSD is currently developing the new statistical reporting form which will be available for subgrantees after November 1, 2013.

3. Progress Reporting Requirements

Each grantee must submit a progress report on subgrant funded activities on a semi-annual basis. Semi-annual progress reports are not a substitute for other specifically required report information (i.e., reporting staff turnover, approval of specific expenditures, etc.) In the semi-annual progress reports, subgrantees will be required to collect and report data on the performance measures specified in the Goals, Objectives, Logic Model and Work Plan of the organization’s application for Safer Futures Funding. CVSD is currently developing the new semi-annual progress report form which will be available after November 1, 2013.

4. Other Data Collection

All subgrantees will be required to collect and report on a common set of performance measures to assess project implementation and whether the projects are achieving the intended outcomes. Generally, there are four broad categories of performance measures that CVSD anticipates all subgrantee projects will be required to track: (1) participant demographics (e.g., age, gender, race, ethnicity) (2) output measures (e.g., number of participants served, services and referrals provided); (3) implementation and capacity building (e.g., trainings, community partnerships, public awareness strategies); and (4) outcome measures (e.g., increased safety, changes in practice, etc.). Applicants will be required to collect performance measure data from individual participants, as well as from their staff and partners. Applicants will be asked to describe their capacity to report on such performance measures. CVSD is currently developing a standard set of performance measures that will be uniformly collected across the subgrantee projects. The final performance measures will be shared with subgrantee projects after November 1, 2013. CVSD and PSU will work together and with subgrantees to streamline performance measure and other data collection efforts.

Beginning with this application, reporting will be submitted electronically through the CVSD EGrants system unless otherwise instructed and according to the following schedule:

Table G: Reporting Deadlines

Reporting Period	Monthly Financial & Statistical Reports Due	Semi Annual Progress and Statistical Reports Due
August 1 – August 31	September 30	
September 1 – September 30	October 31	
October 1 – October 31	November 30	
November 1 – November 30*	December 31	
December 1 – December 31	January 31	
January 1 – January 31	February 28	February 28 (in Year One for November 1, 2013 to January 31, 2014; in Years 2, 3 & 4, for August 1 to January 31)
February 1 – February 28 **	March 31	
March 1 – March 31	April 30	
April 1 – April 30	May 31	
May 1 – May 31	June 30	
June 1 – June 30	July 31	
July 1 – July 31	August 31	
August 1 – August 31	September 30	September 30 (for February 1 to July 31)

*November 1, 2013 is the start date of the nine-month project period for Year One.

**February 29 in a leap year

SECTION 4: SUBMISSION INFORMATION

Applications must be submitted electronically through the CVSD EGrants system. Applications will only be accepted through the CVSD EGrants system. For instructions on how to submit your application, please review the “Submitting your Application” section of the CVSD EGrants Applicant User Guide.

THE APPLICATION IS DUE ON:

Monday SEPTEMBER 30, 2013

BY 5:00 P.M., PACIFIC STANDARD TIME

IT IS IMPORTANT TO NOTE THAT ONCE AN APPLICATION IS SUBMITTED IT WILL ENTER A “READ-ONLY” STATUS AND CANNOT BE CHANGED.

NO LATE APPLICATIONS WILL BE CONSIDERED FOR FUNDING.

Section 5: Application Review and Reservation of Rights

Application Review Process

The application response must be submitted electronically through the CVSD EGrants system by 5:00 p.m. on Monday, September 30, 2013 as described in this Request for Applications. CVSD will conduct an impartial review of the applications it received in response to this closed competitive application. The Safer Futures Funding review committee consists of representatives from Child Welfare, Public Health and other health care sectors. The committee will review, evaluate and score each application. The Review Committee will make award recommendations to the Oregon Attorney General or her designee.

The Review Committee members will review, evaluate and score all applications on the completeness, quality, and applicability of the following:

Step 1: Review of minimum requirements (Pass/Fail)

Step 2: Review of applications (Scored)

Step 3: Ranking of applications

Step 4: Recommendations

Step 5: Selection

1. Review of Minimum Requirements. The CVSD Fund Coordinator shall review all applications on a Pass/Fail basis and determine if each application meets the minimum application requirements. All forms (A-K) and attachments are required to be completed in full:

- Cover page (Form A)
- Staff roster (Form B)
- Board of Directors roster (Form C)
- Project Narrative (Form D)
- Project Goals, Objectives, Logic Model and Work Plan (Form E)
- Collaboration, Memorandum of Understanding and Letters of Commitment (Form F)
- Attachments to Upload (Form G)
- Personnel Budget (Form H) – (2 for Child Welfare and 3 for Healthcare)
- Services and Supplies (Form I)
- Other Costs (Form J)
- Budget Summary (Form K)

Applicant's failure to comply with the instructions or to submit a complete application may result in the application being deemed non-responsive. Only those applications determined to be responsive to the minimum requirements shall be considered for further review and scored by the Review Committee as detailed in Step 2.

- Review of Applications. The Review Committee shall score all applications according to how well the applicant responded to each of the requirements in Forms A-K and whether or not all

required attachments have been uploaded into CVSD EGrants. The Review Committee will first assign standard points.

- The Review Committee will use the standard points awarded to each application to rank each application accordingly. After scoring, the geographical distribution of applicants with the highest average scores may also be considered in the selection process.
- Recommendation. Review Committee will forward award recommendations to the Oregon Attorney General (or his designee), who will make final award decisions.
- Selection. CVSD shall notify every applicant of its selection status by postal mail by the award notification date.

Evaluation of Applications

The application must receive a minimum average score of 70 percent (70%) of the possible summed total of standard points to be considered for funding. The Review Committee shall assign points to its evaluation of each application as follows:

Standard Points	Point Basis
40	<p>Project Narrative</p> <p>The extent to which the applicant: 1) clearly identifies the needs, challenges, barriers and system gaps for support of its proposed project activities in serving pregnant and parenting teens and women; 2) describes the capacity of the applicant to manage and implement the project, including its responsibilities for subgrant reporting, participation in the CVSD evaluation, sustainability planning and facilitating the project leadership team; 3) provides clear delineation of roles and responsibilities of project staff and partners and how the project activities will contribute to achieving the goals, objectives and outcomes; 4) provides a clear and concise description of the project activities and services being proposed to address the needs of the target population; 5) describes how it will ensure the project activities are culturally and linguistically appropriate and medically accurate and complete; 6) describes how the project activities address the needs, challenges, barriers and system gaps identified in the needs statement; and 7) demonstrates an ability to leverage existing resources and partnerships to the applicant’s ability to build organizational capacity. For applicants in the Child Welfare cohort, the extent to which the applicant and its partners can demonstrate participation in the Institutional Analysis.</p>
20	<p>Goals, Objectives, Logic Model and Work Plan</p> <p>The extent to which the applicant: 1) includes goal statements and related objectives that are S.M.A.R.T. designed; 2) clearly identifies the measurable outcomes the project is designed to impact; 3) includes a logic model that clearly identifies the inputs, outputs and outcomes for the proposed project; 4) describes the major tasks, action steps and work products in the work plan and how well the work plan supports the logic model; and 5) includes planning for sustainability in both the start-up and implementation phases of the work plan.</p>
20	<p>Project Budget and Budget Summary</p> <p>The extent to which the budget: 1) is complete and accurate; 2) is directly related to</p>

	the proposed project; 3) supports the proposed activities and includes the FTE of the specific staff positions for each cohort; 4) matches the project description and the staff roster; and 5) adequately includes funds for attending CVSD required trainings.
20	Memorandum of Understanding / Letters of Commitment The extent to which a Memorandum of Understanding and/or Letters of Commitment: 1) are provided for all partners; 2) describe how each partner will carry out its specific role and what resources the partner will contribute to the project; and 3) describe how project partners will participate in the project leadership team and in CVSD's evaluation of the project activities. For applicants in the Child Welfare cohort, the extent to which project partners are able to demonstrate participation in the Institutional Analysis.

Reservation of Rights

DOJ CVSD reserves the right to:

- a) Seek clarifications of each application, and/or to award a grant contract without further discussion of the proposals submitted;
- b) Reject any and all applications received by reason of this request, or to negotiate separately in any manner necessary to serve the best interest of the public;
- c) Determine, in its sole discretion, whether a proposal does or does not, substantially comply with the requirements of this Application;
- d) To waive any minor irregularity, informality, or non-conformance with the provisions or procedures of this Application.

Section 6: Review of Award Decisions

An applicant has a right to a review of the award decision with regard to its application. No applicant will be subject to reprisal for seeking review of an award decision.

Informal Review

An applicant may request informal feedback and technical assistance regarding their application anytime after receiving notification of the award decision. Contact the CVSD Fund Coordinator for information regarding this process.

Formal Review

To request a formal review the applicant should submit a written request to the CVSD Fund Coordinator. The request must be received by CVSD within 30 days of the applicant's receipt of notification of the award decision. When DOJ receives notice that an applicant has requested a formal review, a meeting will be scheduled with the applicant, the Fund Coordinator and up to five members of the grant advisory committee. Every effort will be made to have the meeting within 30 days of receipt of the request. If, after the meeting, the matter is still unresolved, the applicant may request a review of the issue by the Oregon Attorney General or her designee. The applicant must make a written request for such a review to Shannon Sivell, Director, Crime Victims' Services Division. The decision of the Attorney General is final.

Section 7: Glossary of Terms

"Culturally and Linguistically Appropriate Services" are respectful and responsive to the cultural and linguistic needs of the individuals served. (National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001). The National Standards on Culturally and Linguistically Appropriate Services are available at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

"DV/SA Organization" is a not-for-profit organization providing services as described on pages 10-11 above to victims and survivors of Domestic Violence and Sexual Assault.

"Evidence Informed Program" means new or emerging programs that are theory-based and have been implemented previously, even on a limited scale or in a limited setting, and yielded promising results.

"Fiscal Officer" is the person in the organization who is legally responsible for reporting on the financial activities of the organization. This person also makes sure that the fiscal records comply with Generally Accepted Accounting Principles (GAAP), SASP guidelines and all other requirements as stated by DOJ CVSD.

"Medically accurate and complete" means all medical information is verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable, or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete. The term may also be applied to non-medical information, resources and materials that are supported by research and are recognized in the field as accurate, objective and complete.

“Program Stability” A demonstration of program stability for CVSD funded applicants must include:

- ❖ An applicant's history of providing cost-effective direct services to victims of domestic and sexual violence, stalking and teen dating violence;
- ❖ A clear indication of support for applicant's services from one or more community agencies or organizations familiar with the needs of victims to be served, as well as the caliber of services provided by the applicant; and
- ❖ Financial support of at least 10% from at least one revenue source other than Safer Futures Grant Funds.

“Sustainability planning” is development of long range goals and objective including building organizational capacity to develop, grow and sustain a project, maintaining positive outcomes and securing continuous funding, and taking concrete steps for achieving those goals and objective to ensure program continuity and longevity.

APPENDICES

CERTIFIED ASSURANCES

The applicant agrees to:

1. Use grant funds only in accordance with administrative and national policy requirements. The regulations set out at 45 CFR Part 92 are the Department of Health and Human Services (HHS) rules and requirements that govern the administration of this grant. Applicants funded under this announcement must be aware of and comply with these regulations. These regulations can be found at http://www.ecfr.gov/cgi-bin/text-idx?SID=886436faf9397c0c7c7b5a82742e4c58&c=ecfr&tpl=/ecfrbrowse/Title45/45cfrv1_02.tp
2. Use grant funds to supplement and not supplant funds received from any other Federal, State or local program or private source.
3. Submit quarterly and annual financial and programmatic reports.
4. Collect and maintain information on services as required (by race, sex, national origin, age and disability).
5. Submit reports, at such times, and in such form as may be prescribed by the Oregon Department of Justice, Crime Victims' Services Division (CVSD) for documenting the activities supported by the grant funds and for the assessment of the grant impact.
6. Cooperate with efforts of CVSD to collect data and report on the required Office of Adolescent Health Pregnancy Assistance Fund federal performance measures to assess program implementation and outcomes and to use data for continuous quality improvement.
7. Provide for accounting, auditing and monitoring procedures and keep such records as prescribed in Federal regulations and state guidelines to assure fiscal control, proper management and efficient disbursement of grant funds. In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133.
8. Retain financial records, accounting records, supporting documents, statistical records, and all other records pertinent to a grant for a minimum of 3 years or longer pending completion and resolution of any audit findings, litigation, etc. commenced prior to the

end of the three year period. HHS and the Comptroller General of the United States or any of their designated authorized officials shall have the right of access to any books, documents, papers, or other records of a sub-grantee which are pertinent to the HHS grant, in order to make audits, examinations, excerpts and transcripts. In accordance with 45 CFR, Part 74.53 and 45 CFR, Part 92.

9. Comply with the Federal Funding Accountability and Transparency Act (FFATA) of 2006, which provisions include, but may not be limited to, a requirement for subgrantees to have a Data Universal Numbering System (DUNS) number and maintain a current registration in the SAM database.
10. Ensure that all staff funded by these grant funds attend and participate in all trainings required by CVSD.
11. Budget for all staff funded by these grant funds to attend all trainings required by CVSD.
12. Protect the confidentiality and privacy of persons receiving services. Confidentiality policies will be reviewed at the time of the in-person visit to the program by DOJ CVSD Victim Response Section staff. All recipients of Pregnancy Assistance Funds are expected to protect the confidentiality and privacy of persons receiving services. The recipient shall not disclose any personally identifying information or individual information collected in connection with services requested, utilized, or denied through their program; or reveal individual client information without the informed, written, reasonably time-limited consent of the person (or in the case of an un-emancipated minor, the minor and the parent or guardian or in the case of persons with disabilities, the guardian) about whom information is sought, whether for this program or any other Federal, State, tribal, or territorial program.

Consent for release may not be given by the abuser of the minor, a person with disabilities, or the abuser of the other parent of the minor. If release of information described in the previous paragraph is compelled by statutory or court mandate, the fund recipient shall make reasonable attempts to provide notice to victims affected by the disclosure of information; and shall take steps necessary to protect the privacy and safety of the persons affected by the release of the information. Fund recipients may share: (1) non-personally identifying data in the aggregate regarding services to their clients and non-personally identifying information in order to comply with Federal, State, tribal, or territorial reporting, evaluation, or data collection requirements; (2) court-generated and law-enforcement generated information contained in secure, governmental registries for protection order enforcement purposes; and (3) law-enforcement and prosecution-generated information necessary for law enforcement and prosecution purposes.

13. The terms “personally identifying information,” “individual information,” or “personal information” means individually identifying information for or about an individual victim including: (1) a first and last name; (2) a home or other physical address; (3) contact information (including a postal, e-mail or Internet protocol address, or telephone or facsimile number); (4) a social security number; and (5) any other information, including date of birth, racial or ethnic background, or religious affiliation, that, in combination with any other non-personally identifying information would serve to identify any individual. Confidentiality policies will be reviewed at the time of the in-person visit to the program by DOJ CVSD Victim Response Section staff.
14. Notify DOJ CVSD promptly after receiving a request from the media for information regarding a recipient of services funded with Grant moneys.
15. Ensure that all program materials used in any activities are medically accurate and complete. The term “medically accurate and complete” means verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable or compromising information that leading professional organizations or agencies with relevant expertise in the field recognize as accurate, objective, and complete.
16. Include with any products produced from grant supported activities such as publications, presentations, videos, power point presentations, etc. a statement saying “This publication was made possible by Grant #1 SP1AH000019 from the Office of Adolescent Health. Grantees must also include a disclaimer stating that “Contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Human Services, the Office of Adolescent Health or the Oregon Department of Justice.
17. Comply with the Consolidated Appropriations Act 2012 (Public L. 112-74) including Section 203 (Salary Limitations), Section 218 (Gun Control) Section 503 (Anti-Lobbying) and Section 523 (Restriction on Distribution of Sterile Needles).
18. Comply with all applicable Federal statutes relating to nondiscrimination requirements and the regulations of the Department of Health and Human Services (45 C.F.R. 1-199) which prohibit discrimination on the basis of race, color, national origin, sex, age, religion and disability. Those nondiscrimination laws and provisions include but are not limited to: the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794 et seq); the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34); Title IX of the Education Amendments of 1972 (20 U.S.C. §§ 1681, 1683, 1685-86); the Age Discrimination Act of 1975 (42 U.S.C. § 6101-07); and Ex. Order 13279 (equal protection of the laws for faith-based organizations and beneficiary protection from discrimination on the basis of religious belief) as well as their

implementing Department of Human Services regulations: 45 C.F.R Part 74.17, 80, 84, 86, and 91. National origin discrimination includes discrimination on the basis of limited English. To ensure compliance with Title VI subrecipients are required to take reasonable steps to ensure that Limited English Proficient persons have meaningful access to their programs. Meaningful access may include providing language assistance services and oral and written translation where necessary. The U.S. Department of Justice has issued Guidance for Sub recipients to assist them in complying with Title VI requirements. The guidance document can be accessed on the Internet at www.lep.gov or by contacting OJP's Office of Civil Rights at (202) 307-0690.

19. In the event that a court or administrative agency makes a finding of discrimination on the grounds of race, color, religion, national origin, sex, disability, or age against a sub recipient after a due process hearing, the sub recipient must agree to forward a copy of the finding to the ODOJ Crime Victims' Services Divisions, 1162 Court St. NE, Salem, Oregon 97301-4096 and to the Office of Civil Rights, OJP, U.S. DOJ, 810 7th St. N.W. Washington, D.C. 20531.

20. Report Fraud, Abuse and Waste. The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE 330 Independence Ave., SW, Room 5140 Cohen Building, Washington, DC 20201 e-mail https@os.dhhs.gov 1-800-447-8477 (1-800-HHS-TIPS).

Certification: I certify that I am authorized to commit the applicant to the above provisions. I have read and reviewed the above assurances and the applicant will comply with all provisions of the Pregnancy Assistance Fund: Support for Pregnant and Parenting Teens and Women as authorized by Sections 10211-10214 of the Patient Protection and Affordable Care Act (Public Law 111-148) and all other applicable Federal laws.

Signature of Authorized Official

Date

Signature of Fiscal Officer

Date

LETTER OF AUTHORIZATION

MUST BE COMPLETED ON AGENCY LETTERHEAD

September 1, 2013

Sarah T. Board-Chair
ABC Victim Services
Your Town, OR 90000

Christine Heyen, Grant Fund Coordinator
Oregon Department of Justice
Crime Victims' Services Division
1162 Court St. NE
Salem, OR 97301-4096

RE: Letter Authorizing Signature

Dear Christine:

This letter is to inform you that, on behalf of the Board of Directors of ABC Victim Services, K. T. Manager is hereby given authority to sign the Safer Futures Funding: Improving Advocacy Interventions in Child Welfare, Public Health and Local Health Care Systems for Pregnant and Parenting Women Who are Victims of Intimate Partner Violence grant award documents and reporting forms on behalf of the agency for the period September 1, 2013 – July 31, 2017.

Please don't hesitate to contact me should you have any questions or require additional information.

Sincerely,

Sarah T. Board-Chair,
President of the Board

CERTIFICATE OF NON-SUPLANTING

Supplanting is the reduction of state or local funds for an activity specifically because federal funds are available, or expected to be available, to fund that same activity. Federal funds must be used to supplement existing state or local funds for program activities and may not replace state or local funds that have been appropriated or allocated for the same purpose. Additionally, federal funding may not replace state or local funding that is required by law. In those instances where a question of supplanting arises, the applicant or grantee may be required to substantiate that the reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds.

It is necessary that the applicant provide assurance that sub-grant funds will not be used to supplant or replace funds that would normally be available or appropriated for the same purpose. This certificate is to be signed by the applicant agency's fiscal officer.

CERTIFICATION

In accordance with the provisions of the IPV & Pregnancy Grant as authorized by Pregnancy Assistance Fund: Support for Pregnant and Parenting Teens and Women as authorized by Sections 10211-10214 of the Patient Protection and Affordable Care Act (Public Law 111-148). ; the applicant hereby certifies that federal funds will not be used to supplant or replace funds or other resources that would otherwise have been made available for this project.

Signature of Fiscal Officer

Date

DV/SA NON-PROFIT GRANTEES: DHS TRAINING REQUIREMENTS

The training requirements adopted by the DHS Advisory Committee apply to all DV/SA Non-Profit agencies receiving ODSVS, VAWA, VOCA and DHS Funds. Training requirements for staff and volunteers were adopted on February 16, 2007. Board training requirements were adopted in 2002.

A. STAFF AND VOLUNTEERS

Overall Goal of Grant Contract Requirements for Training:

Provide high quality and consistent Domestic Violence, Sexual Assault, Dating Violence and/or Stalking services throughout Oregon by having well-educated and skilled staff and volunteers.

Overall Objectives of Grant Contract Requirements for Training:

- Increase consistency of services throughout Oregon;
- Establish a uniform base of proficiency and skill in responding to all three issues of domestic violence, sexual assault and stalking, across all programs, regardless of the type of agency;
- Promote best practices to enhance survivor/victim safety and empowerment;
- Provide opportunities for programs to evaluate staff/volunteer's capacity to provide effective services and empower survivors/victims;
- Provide accountability within program by establishing expectations for staff and volunteers; and
- Provide accountability to funders.

Objectives of Initial Training:

Give staff/volunteers increased knowledge, skills, capacity and resources to provide effective Domestic Violence, Sexual Assault, Dating Violence and Stalking services, provide safe options and empower survivors/victims.

Who is Required to Have Training:

Staff and volunteers who provide direct services must complete the required training prior to having unsupervised contact with survivors/victims. Job-shadowing as part of the training is allowed.

Programs may waive parts of the training for new staff/volunteers who have completed training through other domestic violence and/or sexual assault programs or volunteer trainings if the program:

- contacts the original agency to verify training; and/or
- documents that it meets the training requirements.

If the prospective staff/volunteer has not volunteered or been employed within the last 2 years, they must go through the training.

Length of Training:

Training will be a minimum of 30 hours for phone responders. All topics are equally important. There is no required number of hours per topic; however, it is anticipated each topic would have approximately 2 hours.

Training does not need to be provided in the order of content areas listed below. Content areas may be combined. Programs must demonstrate training is adequate in all content areas for staff/volunteers to meet the training objectives and the assessed needs of the program.

In addition, those staff/volunteers providing in-person services shall receive an additional 10 hours of training including topics requested by staff/volunteers as needing more in-depth attention and crisis response, medical and legal advocacy.

The recommended training format is group training. Structured job shadowing and self-study with staff follow-up may be included as part of the overall hours. One-on-one training is allowable if necessary, but programs are encouraged to follow-up with group experiences through conferences, training institutes such as the Sexual Assault Training Institute and the State Victims Assistance Academy, and other appropriate options.

Outcomes:

- Staff and volunteers demonstrate appropriate knowledge, skills and capacity to respond to survivors of domestic violence, sexual assault, dating violence and stalking.
- Staff and volunteers report they feel capable to respond to survivors of domestic violence, sexual assault, dating violence and stalking.
- Survivors report satisfaction with services and/or responses.

B. CONTENT TOPICS

Overview of Violence Against Women and Interpersonal Violence:

Staff and volunteers will understand the types of violence.

Content will cover:

- Definitions and dynamics of domestic violence, sexual assault, dating violence, stalking and other inter-personal violence,
- Commonalities and differences between types of violence;
- How types of violence inter-connect and intersect;
- How the causes and effects of violence against women cross individual, community, cultural, institutional and societal levels (ecological model), and
- Basic safety planning for each type of violence against women.

Anti-Oppression, Anti-Racism, Cultural Competency Theory and Practice:

Advocates will understand the theoretical dynamics of oppression; the dynamics and effects of domestic violence; sexual assault, dating violence and stalking in different populations; how oppressions impact survivors; and address how to effectively provide services to different populations.

Content will cover:

- Dynamics of oppression, power and control;
- How oppressions are interconnected;
- How oppression reinforces social support of violence against women;
- The effect of dominant culture assumptions on survivors and service delivery;
- Strategies to interrupt oppressive actions and words;
- Demographics and needs of the local community;
- Strategies to overcome barriers and provide equitable, accessible and appropriate services, and
- Effects of violence on diverse populations.

Populations include same-sex, African-American, Asian and SE Asian, Latinas or Hispanic, Pacific Islander, Native American, People with Disabilities, Elders, and Male survivors.

Definition and Dynamics of Domestic Violence:

Advocates will understand and be able to describe domestic violence.

Content will cover:

- Legal and programmatic definitions of domestic violence;
- Types of domestic violence (physical, sexual, emotional, financial, etc.);
- Dynamics of domestic violence, including myths and facts, statistics and prevalence;
- Dynamics of dating violence, including myths and facts, statistics and prevalence;
- Historical and social context (including blaming the victim, gender-role stereotypes, power differentials, cultural and individual beliefs);
- Basis of power and control (see section on abusers below);
- Domestic violence as an individual choice by batterer supported by societal and institutional norms;
- Barriers to leaving;
- Coping strategies of survivors/victims;
- Intersection with other issues;
- Range of safety strategies, and
- Strategies to address local needs and provide accessible and appropriate responses to diverse groups.

Definition and Dynamics of Sexual Assault:

Staff and volunteers will understand and be able to describe sexual assault.

Content will cover:

- Legal and programmatic definitions of sexual assault including that committed by strangers and by non-strangers (acquaintances, intimate partners, etc.);
- Types of sexual assault including childhood sexual abuse and adults molested as children;
- Dynamics of sexual assault including rape myths and facts, statistics and prevalence, drug-facilitated sexual assault;
- Historical and social context (rape culture including blaming the victim, gender-role stereotypes, power differentials, cultural and individual beliefs);
- Basis of power and control (see section on offenders below);
- Range of safety strategies, and

- Strategies to address local needs and provide accessible and appropriate responses to diverse groups

Stalking:

Advocates will be able to identify stalking behavior and provide appropriate resources and referrals.

Content will cover:

- Definitions and dynamics of stalking;
- Types of stalkers (offender known to victim, offender in previous relationship to victim, offender unknown to victim);
- Stalking behaviors including cyber-stalking and electronic surveillance;
- Stalking (and other) protective orders;
- Criminal prosecution;
- Civil suit;
- Range of safety strategies including phone and computer safety, legal remedies, relocation and name change, and
- Strategies to address local needs and provide accessible and appropriate responses to diverse groups.

Effects on Survivor/Victims and Trauma:

Advocates will learn possible effects of domestic violence, sexual assault and stalking and learn to mitigate the impact of the trauma on survivors, their families & friends (secondary victimization).

Content will cover:

- Trauma from single and/or cumulative trauma including childhood physical and sexual abuse, recent or past domestic violence, recent or past sexual assault;
- Range of possible survivor responses and coping strategies including fear, re-experiencing (physical reactions, flashbacks, nightmares), intrusive memories, being triggered, difficulty concentrating, being very calm, being very agitated, depression, blaming oneself, hyper-vigilance, hyper-arousal, sleeplessness, substance abuse, etc.;
- Strategies to mitigate or reduce trauma;
- Intersections with other issues (mental health, disabilities, alcohol and drugs, etc.);
- Dynamics of suicide and suicide intervention;
- Additional barriers for immigrants, people of color, rural populations, elders, children and youth, Lesbian, Gay, Bi-Sexual, Trans-gendered, Queer (LGBTQ), and people with disabilities, and
- Strategies to address local needs and provide accessible and appropriate responses to diverse groups.

Adults molested as children (AMAC):

Advocates will learn to recognize the effects of childhood sexual abuse on adults and give appropriate referrals.

Content will cover:

- Effects of childhood sexual abuse on adult survivor/victims;
- Potential triggers;
- Identification of issues;
- Ways to support healing, and
- Appropriate referrals.

Effects of Exposure to Violence on Children:

Advocates will understand how violence impacts children and ways to mitigate its impact.

Content will cover:

- Risks associated with children witnessing domestic and other types of violence;
- Range of behavioral and emotional response;
- Factors that assist a child in developing and strengthening resilience;
- Healthy and unhealthy strategies children use to cope;
- Safety planning with children;
- Talking with children about domestic violence, and
- What is Child Abuse and Child abuse reporting (refer to DHS Booklet What You Can Do About Child Abuse)

Dynamics of Domestic Violence abusers:

Advocates will understand power and control and the dynamics of abuser behavior.

Content will cover:

- Domestic violence as an individual choice by batterer supported by societal and institutional norms;
- Tactics of power and control;

- Battering is the systematic use of abusive behaviors aimed at maintaining power and control in a relationship;
- Battering behaviors include:
 - Intimidations
 - Emotional abuse, put downs, name calling, etc.
 - Threat of violence
 - Use of violence
 - Using children (and pets)
 - Using finances
 - Using male privilege
 - Sexual abuse/violence and using sex as a reward or punishment
- Domestic Violence is not an anger problem;
- Domestic Violence is not caused by alcohol and drug use or abuse;
- Warning signs of abusers;
- How batterers use children;
- Ways batterers get others to collude with them, and
- Criminal thinking patterns.

Dynamics of Sexual Offenders:

Advocates will learn a basic framework for understanding the methods, underlying motivations and actions of sex offenders.

Content will cover:

- The fundamental root cause of sexual assault is entitlement and the expectation of gratification;
- The role of sexism and oppression in sexual assault;
- Use of broadly accepted strict gender roles and stereotypes by sex offenders to justify sexual violence and abuse;
- Selection of individuals by sex offenders who they perceive to be accessible, vulnerable and lacking in credibility;
- Myths and stereotypes about sex offenders (crazy, no consensual sex, miscommunication etc.) and the facts;
- Motivations of sex offenders including sex, power, humiliation, and violence, and
- Types of sex offenders.

Self Care and Vicarious Traumatization:

Advocates will learn to skills to minimize vicarious traumatization.

Content will cover:

- What is vicarious trauma;
- Signs of vicarious trauma;
- Techniques for self-care, and
- How to access support.

Advocacy and Crisis Response:

Volunteers and staff will know the system response to domestic violence, sexual assault and stalking including roles of responders and community protocols; be able to support a survivor through medical, legal and other processes; give accurate information; assess the safety and other needs of the survivors; be knowledgeable of resources and give appropriate referrals; provide peer support; and empower the survivor/victim to make her/his own choices.

Content will cover:

- Crisis dynamics and strategies to address crisis;
- Safety assessment and safety planning;
- Relevant criminal and civil laws;
- Protective orders, including Family Abuse Protective Order, Elderly/Disabled Persons Abuse Prevention Act, stalking orders, no-contact release agreements and others;
- Immigration issues including eligibility for services, VAWA self-petitioning, and appropriate referrals for immigration assistance;
- Tribal laws and Tribal courts;
- How the criminal justice system works, Crime Victims' Compensation, and Crime Victims' Rights;
- Financial resources available, including Temporary Assistance for Domestic Violence Survivors (TA/DVS) and Housing Emergency Assistance for Elders and People with Disabilities through DHS;
- The sexual assault response system, including SARTs, SANES, Sexual Assault Forensic Exams (SAFE) and the SAVE fund;
- Local resources (legal services, housing, health and mental health, substance abuse programs, employment, education, etc.), and
- Strategies to address local needs and provide accessible and appropriate responses to diverse groups.

Confidentiality:

Advocates will know and comply with confidentiality requirements, reasons for confidentiality, limitation of confidentiality, and informed consent.

Content will cover:

- Rationale for and importance of confidentiality;
- Relevant statutes; and
- Agency procedures, practices, protocols and forms.

C. ADVOCACY SKILLS

Working with survivors:

- Through training, role-playing, job shadowing at work and at relevant locations, and other strategies, advocates will be able to respond to survivors in appropriate ways:
 - Ask appropriate questions to elicit information;
 - Assess immediate safety and other needs and assist survivor to develop safety plans;
 - Assess danger including survivor's danger to self;
 - Assess on-going safety and other needs;
 - Listen to survivors, understand what they are saying and be able to reflect back to them (active listening);
 - Put a survivor's reactions into a context to help survivors and others understand;
 - Reframe statements and use non-victim blaming statements;
 - Complete needed documentation;
 - Assist survivors request their Crime Victims Rights;
 - Assist survivors to document;
 - Use strategies to interrupt oppressive actions and words;
 - Use strategies to adapt services and approaches to recognize culture and respect differences;
 - Use strategies to adapt services and approaches to recognize age, Socio-Economic Status, disability and other issues and respect differences;
 - Provide clear information on domestic violence;
 - Provide clear information on options and choices;
 - Empower survivor to make choices;
 - Demonstrate empathy;
 - Demonstrate sensitivity to cultural factors, and
 - Demonstrate ability to communicate across cultures, populations and age groups.

Working with Systems:

Through training, role-playing, job shadowing, etc. advocates will learn and be able to:

- Explain system response to survivors and assist them in their interactions with system responders;
- Request services and appropriate responses on behalf of survivors;
- Negotiate appropriate services and responses;
- Advocate for additional or other services, responses;
- Advocate for services to address local needs and needs of diverse groups, and
- Work for coordinated system response.

Additional In-Person Requirements:

Through additional training, role-playing, job shadowing, etc. advocates having in-person contact with survivors/victims will demonstrate specific skills and in-depth knowledge for the in-person response they will be providing.

Content (based on the in-person response to be provided) may include but is not limited to:

- SANE exams for sexual assault responders;
- Court accompaniment;
- Accompaniment for medical exams;
- Working with law enforcement;
- Support group facilitation;
- Shelter intake, and/or
- Working with children.

D. BOARD

Board Members

Each new member of the Applicant's Board of Directors, Advisory Committees, or subgroups within Boards with direct responsibility for domestic violence and sexual assault programs must have a minimum of 12 hours of training during their first year. The training must cover domestic violence, sexual assault, dating violence, stalking, anti-racism and anti-oppression training, program philosophy and Board responsibilities. On-going training is strongly encouraged. Training can be presented over several months, through annual meetings, self-study with debriefing, etc. Training must be documented. Board members are encouraged to receive the same 30 hours of initial training required of the staff and volunteers, in addition to training specifically dealing with overseeing a non-profit organization.