



MASSACHUSETTS OFFICE FOR VICTIM ASSISTANCE

DRUNK DRIVING TRUST FUND (DDTF) DIRECT SERVICES RENEWAL GRANT APPLICATION INSTRUCTIONS

The following is a detailed guide on how to fill out each section of the DDTF Direct Services Renewal Grant Application, pages 3 through 7. Please read through this guide carefully before completing your application. Detailed instructions for submission of the application are located on page 8. Remember that you will be submitting one application **per program**, in both **electronic** and **hard copy** form.

Organization Information	Organizational Leadership Information
<p>Please fill out this section with all the contact information for the program's parent organization, including the organization's legal name, as it appears on the IRS Form 990 or, for state agencies, the "organization name," and the four digit zip code extension.</p> <p>If the mailing address is the same as the street address, you may leave the mailing address fields blank.</p>	<p>Please fill out this section with all the contact information for the leadership of the program's parent organization, such as the Executive Director or District Attorney.</p>
DDTF Program Award	
<p>Please indicate the name of the program and the amount of funding for which it requests. <i>Remember that if you are applying for funding for multiple programs, you must complete a separate application for each one.</i></p>	
Program Summary	
<p>Please write a brief summary that reflects free program services that will be supported by DDTF funding. Include the population and geographic region to be served, and any unique service capacity such as language capacity or specialized services to be offered. Do not include other activities offered by your organization that are not supported by the DDTF grant, nor any unallowable activities such as education and prevention work. Keep your summary brief, no more than 4 sentences, and in the present tense (i.e. "provides" instead of "will provide"). <i>Note that you will be limited to the text box itself, which allows you approximately 150 words.</i></p> <div style="border: 1px dashed black; padding: 10px; margin: 10px 0;"> <p>EXAMPLE: The Victim Services Program at ACME serves adolescents, ages 12 to 17, in Worcester and the surrounding areas, who have experienced sexual abuse. Free services include individual and group counseling, court accompaniment, and advocacy. There is a 10-week closed group offered in the fall and spring of the year. Services are available in English and Spanish.</p> </div>	
Programmatic Contact Information	Fiscal Contact Information
<p>Please fill out this section with all the contact information for the individual who will be the programmatic contact for the DDTF-funded program, such as a Director or a Program Coordinator for a specific program, who is responsible for ensuring implementation of the program.</p>	<p>Please fill out this section with all the contact information for the individual who will be the fiscal contact for the DDTF-funded program, such as a CFO, a Director of Administration or Controller for a specific program, who is responsible for all fiscal aspects of the DDTF program.</p>
Contract Manager Contact Information	
<p>A DDTF contract manager is the individual who is responsible for contract and program compliance with DDTF guidelines.</p> <p>If the contract manager for your DDTF-funded program is the same as either the programmatic or fiscal contact, choosing the appropriate button will automatically fill in the contract manager information with the chosen contact information.</p> <p>You must choose one of the options. If your contract manager is neither the programmatic nor the fiscal contact, choose neither and then fill in the appropriate contact information for the DDTF contract manager.</p>	
Authorized Signatory	
<p>The authorized signatory is an individual who is legally permitted to sign contracts. <i>MOVA must have a copy of an Authorized Signatory Listing with this individual's name on it. This signature will be submitted both electronically and in hard copy.</i></p>	

Organization Type		DDTF Program Staffing	
<p>Choose the option that most appropriately describes your parent organization. You may choose only one.</p>		<p>The number of full-time employees who work on the DDTF-funded program will automatically be calculated by adding the total number of service hours (direct and indirect) and dividing by the number of hours that equate full-time employment. For example, if 40 total hours a week are dedicated to direct service and 20 hours a week are dedicated to indirect service, and 40 hours equates full time employment, then there are 1.5 full-time employees (40+20=60/40=1.5).</p>	
Services Provided			
<p>Indicate the types of services your DDTF-funded program provides. If the options provided do not exactly match the work that your program does, please choose those options that most closely align with your program's services.</p> <p>You may choose more than one option.</p>		<p>Indicate the number of volunteers the DDTF program will be utilizing. Under the DDTF guidelines, the use of interns is optional.</p> <p>Indicate whether or not one Fiscal and/or one Programmatic Staff have attended a Victim Compensation Training and a Guidelines Training, with the dates they attended.</p>	
DDTF Collaborations			
<p>Please identify those organizations with whom your program or parent organization collaborates, distinguishing between those that receive DDTF funding and those that do not, to the best of your knowledge.</p>			
Total Program Funding			
<p>Please provide the total amount of funding that is allocated to this program (not including DDTF funding). For example, if your program is partially funded by a federal grant or another MOVA grant, indicate the amount of money the program receives and the source (do not leave marked as "Other").</p> <p>For the "Other" categories, please fill-in the text box with a label for that funding (i.e. "United Way" or "Donations"). If you have more funding sources than there is room for, you may collapse multiple funding sources into one category and leave it labeled "Other".</p> <p>The total field will calculate all of your program's funding, including DDTF, in order to determine how much your program relies on DDTF funding for sustainability.</p>			
Counties Served			
<p>Indicate the county or counties that your program serves, or considers as its "catchment area."</p> <p>You may choose more than one county.</p>			
Performance Review and Program Update			
<p>You must answer all four of these questions, to the best of your knowledge and as honestly as possible. This information will be used to assess your program's performance over the past fiscal year and will better inform MOVA's subgrantee monitoring process in the fiscal year to come.</p> <p>You will be limited to the space provided, which has approximate word counts listed with each question.</p>			
DDTF Program Budget			
<p>Please complete this budget form, indicating for each line item the amount of money to be dedicated to both direct and administrative services (indicating \$0.00 where applicable). These totals will calculate automatically into the DDTF funding cell for that specific line item. The total amount of DDTF funding indicated in this table must match the total amount awarded as indicated on the first page of the application, under "DDTF Program Award."</p> <p>The percentages below the table will also automatically calculate.</p>			
DDTF Program Budget Narrative			
<p>Please provide a brief narrative, explaining what the allocated money for each line item will be used for. If no money will be allocated to that line item, please indicate "n/a" or "none."</p> <p>For example: <i>We have allocated \$30,000 to "Personnel" to cover 1 FTE for FY15, for the oversight and management of the DDTF program. This staff person will oversee the DDTF Program which includes but is not limited to grants management, site visits, and processing statistical and financial reports.</i></p>			

**MASSACHUSETTS OFFICE FOR VICTIM ASSISTANCE****DRUNK DRIVING TRUST FUND (DDTF)**
DIRECT SERVICES EXTENSION GRANT APPLICATION

INSTRUCTIONS: Please complete all relevant fields of this application. Note that there are required fields, and you will not be able to submit this application electronically if any required field is left blank. If you have any questions about filling out this application, please refer first to the *Application Instructions*, before contacting the Procurement Leader for technical assistance.

You will be submitting **two** versions of this completed application, one electronically via e-mail and on in hard copy via mail. Detailed instructions for submission are located at the end of the application.

Organization Information	Organizational Leadership Information
Legal Name <input type="text"/>	Name <input type="text"/>
DBA <input type="text"/>	Title <input type="text"/>
Street Address <input type="text"/>	Mailing Address <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Mailing Address <input type="text"/>	Telephone <input type="text"/> Ext. <input type="text"/>
<input type="text"/>	Fax <input type="text"/>
<input type="text"/>	E-mail <input type="text"/>
Telephone <input type="text"/>	
Website <input type="text"/>	

DDTF Program Award

Program Name	Awarded Amount
<input type="text"/>	<input type="text"/>

Program Summary

Please write a summary of your DDTF program (max. 150 words)	<input type="text"/>
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Programmatic Contact Information		Fiscal Contact Information	
Contact Name	<input type="text"/>	Contact Name	<input type="text"/>
Title	<input type="text"/>	Title	<input type="text"/>
Street Address	<input type="text"/>	Street Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Mailing Address	<input type="text"/>	Mailing Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Telephone	<input type="text"/>	Ext.	<input type="text"/>
Fax	<input type="text"/>		
E-mail	<input type="text"/>	E-mail	<input type="text"/>

Contract Manager Contact Information			
<div style="border: 1px solid blue; border-radius: 15px; padding: 10px; text-align: center;"> <input type="radio"/> Same as Programmatic Contact <input type="radio"/> Same as Fiscal Contact <input type="radio"/> Neither </div>			
Contact Name	<input type="text"/>	Title	<input type="text"/>
Street Address	<input type="text"/>	Mailing Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Telephone	<input type="text"/>	Ext.	<input type="text"/>
		Fax	<input type="text"/>
E-mail	<input type="text"/>		

Authorized Signatory	
Signature	<input type="text"/>
Title	<input type="text"/>
Date	<input type="text"/>

Organization Type	DDTF Program Staffing
<p>Criminal Justice/Government</p> <p> <input type="radio"/> Law Enforcement <input type="radio"/> Court <input type="radio"/> Prosecution <input type="radio"/> Corrections Private Non-profit <input type="radio"/> Probation <input type="radio"/> Other <input type="radio"/> Hospital <input type="radio"/> Religious <input type="radio"/> Rape Crisis <input type="radio"/> Shelter <input type="radio"/> Mental Health <input type="radio"/> Other </p> <p>Noncriminal Justice/Government</p> <p> <input type="radio"/> Social Services <input type="radio"/> Hospital <input type="radio"/> Mental Health <input type="radio"/> Other <input type="radio"/> Public Housing </p>	<p>Full-time Employment = <input style="width: 150px;" type="text"/> hrs/wk</p> <p>Number of Direct Service hours <input style="width: 100px;" type="text"/></p> <p>Number of Indirect Service hours <input style="width: 100px;" type="text"/></p> <p>Number of Full-time Employees <input style="width: 100px;" type="text"/></p> <p>Victim Compensation: Have DDTF-funded Direct Service personnel been trained?</p> <p style="text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No Date <input style="width: 50px;" type="text"/> </p> <p>DDTF Policies and Procedures Training: Have your staff attended?</p> <p style="text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No Date <input style="width: 50px;" type="text"/> </p> <p>Programmatic Representative</p> <p style="text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No Date <input style="width: 50px;" type="text"/> </p> <p>Fiscal Representative</p> <p style="text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No Date <input style="width: 50px;" type="text"/> </p>
Services Provided	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Crisis Counseling <input type="checkbox"/> Follow-up Contact <input type="checkbox"/> Therapy <input type="checkbox"/> Group Treatment <input type="checkbox"/> Crisis Hotline Counseling <input type="checkbox"/> Shelter/Safe House <input type="checkbox"/> Personal Advocacy </div> <div style="width: 50%;"> <input type="checkbox"/> Information and Referral (in-person) <input type="checkbox"/> Criminal Justice Support/Advocacy <input type="checkbox"/> Emergency Financial Assistance <input type="checkbox"/> Emergency Legal Advocacy <input type="checkbox"/> Assistance in Filing Comp. Claims <input type="checkbox"/> Information and Referral (by phone) <input type="checkbox"/> Other </div> </div>	

DDTF Collaborations			
DDTF-funded agencies with whom your organization collaborates:	<input style="height: 20px;" type="text"/>	Non DDTF-funded agencies with whom your organization collaborates:	<input style="height: 20px;" type="text"/>
	<input style="height: 20px;" type="text"/>		<input style="height: 20px;" type="text"/>
	<input style="height: 20px;" type="text"/>		<input style="height: 20px;" type="text"/>
	<input style="height: 20px;" type="text"/>		<input style="height: 20px;" type="text"/>

Total Program Funding					
Please provide the TOTAL amount of funding currently allocated to this program:					
Federal (All)	<input style="height: 20px;" type="text"/>	<input style="height: 20px;" type="text"/>	<input style="height: 20px;" type="text"/>	TOTAL Program Funding (includes DDTF award)	<input style="height: 20px;" type="text"/>
State (Other)	<input style="height: 20px;" type="text"/>	<input style="height: 20px;" type="text"/>	<input style="height: 20px;" type="text"/>	DDTF Reliance	<input style="height: 20px;" type="text"/>
Local	<input style="height: 20px;" type="text"/>	<input style="height: 20px;" type="text"/>	<input style="height: 20px;" type="text"/>		

Counties Served	
<input type="checkbox"/> Barnstable <input type="checkbox"/> Berkshire <input type="checkbox"/> Bristol <input type="checkbox"/> Dukes <input type="checkbox"/> Essex <input type="checkbox"/> Franklin <input type="checkbox"/> Hampden	<input type="checkbox"/> Hampshire <input type="checkbox"/> Middlesex <input type="checkbox"/> Nantucket <input type="checkbox"/> Norfolk <input type="checkbox"/> Plymouth <input type="checkbox"/> Suffolk <input type="checkbox"/> Worcester <input type="checkbox"/> Statewide

Performance Review and Program Update

Please describe the DDTF funded activities that contributed to successfully fulfilling the program's scope of services since the start of your 2015 contract.

(max. 300 words)

Please describe at least one challenge the program has experienced since the start of your 2015 contract, as it relates to the management of the DDTF contract and/or the provision of DDTF services.

(max. 200 words)

Please identify any emerging needs or trends related to DDTF-funded services within the program's catchment area, since the start of your 2015 contract.

(max. 200 words)

Application Attachments

Attach if the following need to be updated from your 2013 application:

- | | |
|--|---|
| <input type="checkbox"/> Paid Victim Services Position(s) Job Description(s) | <input type="checkbox"/> Language Capacity Chart |
| <input type="checkbox"/> Paid Victim Services Staff Resume(s) | <input type="checkbox"/> Client Confidentiality Policy |
| <input type="checkbox"/> Contracts for Consultants (if utilized) | <input type="checkbox"/> Client Release of Information Form |
| <input type="checkbox"/> 2016 Budget Request Worksheet | |

Submission of Completed Application

Once you have completed this renewal application for DDTF funding, prepare the above required attachments for submission by **4:00PM Friday, November 6, 2015**. You will be submitting two versions of this application, one electronically and one by mail, for each program for which you are extending funding.

To electronically submit this application and any attachments, press the "Submit by E-mail" button, follow the on-screen directions, and before sending you will have the opportunity to add your attachments.

To submit this application by mail, print out this application using the "Print Application" button, sign where indicated (*Authorized Signatory*), print any attachments you need to submit, and mail all documents in one envelope to the address listed below.

The Language Capacity Chart can be accessed through MOVA's website, www.mass.gov/mova

One **electronic copy** of the completed DDTF Renewal Application must be submitted by e-mail to MOVA, to be received no later than **4:00PM Friday, November 6, 2015**. *An electronic signature will be accepted for this submission.*

One **hard copy** of the completed DDTF Renewal Application must be submitted to the MOVA office at the below address, to be received no later than **5:00PM Monday, November 9, 2015**. *Applications will not be accepted without a wet-ink signature.*

Re: DDTF Renewal Application
ATTN:DDTF Program Manager
Massachusetts Office for Victim Assistance
One Ashburton Place, Suite 1101
Boston, MA 02108