![pennsylvania COMMISSION ON CRIME AND DELINQUENCY]

1. APPLICATION OVERVIEW & INSTRUCTIONS

For FY 2023-24, a total of $40 million in state funding for Violence Intervention and Prevention (VIP) has been directed to the Pennsylvania Commission on Crime and Delinquency (PCCD) for providing grants and technical assistance to address community violence throughout the Commonwealth. Community-based organizations, institutions of higher education, municipalities, district attorneys, and counties are eligible to apply.

PLEASE READ THE VIP FUNDING ANNOUNCEMENT POSTED ON PCCD'S WEBSITE PRIOR TO INITIATING THIS APPLICATION PROCESS:

https://www.pccd.pa.gov/criminaljustice/GunViolence/Pages/Grants-and-Funding.aspx

Initial Request Process. Eligible applicants seeking FY 23-24 VIP Grant funding must develop their proposals using an application template provided by PCCD and submit this document along with other required information using an online SurveyMonkey request form. This SurveyMonkey form serves as an applicant's initial request for VIP Funding. A written version of the form is available to view and download on PCCD's Gun Violence Grants & Funding website to help you formulate your responses in advance. You are not required to complete this form in one sitting; however, to continue working on your request, you must utilize the same computer/system (e.g., web browser) that the initial request was started on. To reduce the risk of lost work, applicants are strongly encouraged to develop their funding request responses outside of the SurveyMonkey form first utilizing this template before entering final information and submitting in SurveyMonkey. Please note that you must hit "Next" on each section to save your information for the previous screen. Once you hit the "Submit" button, you will not be able to modify your request. Once you hit "Submit", you will not be sent a confirmation nor a copy of your submission.

Please refer to PCCD's Gun Violence Grants and Funding webpage for additional information regarding VIP funding. Questions regarding this initial request form can be sent to RA-CD-VIPGRANTS@pa.gov. Responses to all questions will be posted on PCCD's Funding Announcement Q&A webpage. Due to the competitive nature of the VIP solicitation, PCCD staff are unable to answer questions about specific proposals.

PCCD staff will notify entities in March 2024 (TBD) whether their proposed project has been approved by the School Safety and Security Committee for FY 2023-24 VIP Grants funding. All approved applicants will be required to complete a formal application using PCCD's Egrants System prior to grant awards being finalized.
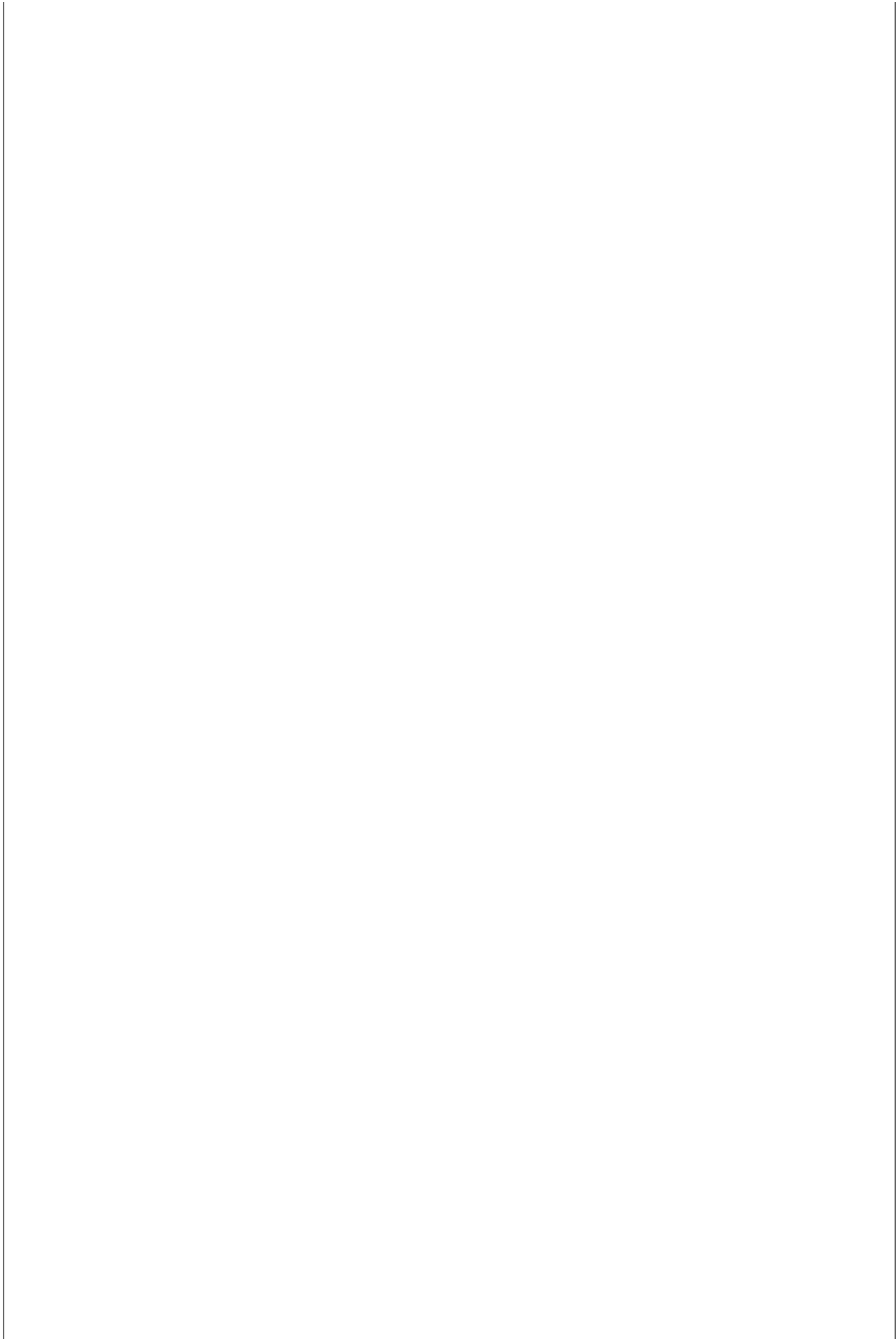
2. APPLICANT INFORMATION & BACKGROUND

* 1. **Organization Information.** Please provide us with information about your organization.

Name of Organization	
Street Address	
City/Town	
State	
ZIP/Postal Code	
Website (if none available, please respond "N/A")	
Phone Number	

* 2. **Contact Information.** PCCD will be using this contact information to reach your organization for additional questions and/or complete the application process in Egrants. Please make sure that all information provided is typed accurately:

Primary Contact Person Name	
Primary Contact Person's Email Address	
Primary Contact Person's Preferred Phone Number	
Primary Contact Role/Title	
Secondary Contact Person Name	
Secondary Contact Person's Email Address	
Secondary Contact Person's Preferred Phone Number	
Secondary Contact Role/Title	

* 3. **Eligible Applicant.** Please select the eligible applicant category that best represents your organization.

- ◯ Community-based or nonprofit organization with 501(c)(3) status
- ◯ Institution of Higher Education
- ◯ Municipality
- ◯ County
- ◯ District Attorney's Office

3. NONPROFIT 501(c)3 STATUS VERIFICATION

* 4. Please provide the link to your organization's nonprofit notation in <u>GuideStar.org</u>, <u>IRS Tax Exempt Organization Search</u> or another similar nonprofit data source engine to confirm said status. If that notation is not available, please write "N/A" in the text field. You will receive a follow-up survey/questions from PCCD staff to confirm your 501(c)(3) status.

5. (Optional): You can also upload a copy of your organization's 501(c)(3) status or other supporting documentation using the file upload field below.

Choose File   Choose File   No file chosen

4. CURRENT/POTENTIAL FUNDING SOURCES

* 6. **Prior/Potential Funding.** Has your organization previously received funding from, or recently made application to, PCCD or other local, state or federal grant sources to support gun violence and/or group violence reduction efforts?* *Please note that applicants receiving a prior award are still eligible to apply; however, a prior award may be taken into consideration during the review process and the applicant must clearly state, in the narrative section, why additional resources are needed.*

○ Yes

○ No

○ Unsure

5. CURRENT/PRIOR FUNDING SOURCES

7. If your organization has previously received funding to support gun violence and/or group violence reduction efforts, please select the source(s) of the grant(s).

☐ Byrne Justice Assistance Grant (JAG)

☐ Byrne State Crisis Intervention Program (SCIP)

☐ Community Violence Prevention/Reduction Grant

☐ Gun Violence Investigation and Prosecution (GVIP) Grant

☐ Gun Violence Reduction Grant

☐ Local Law Enforcement Support Grant

☐ Project Safe Neighborhoods (PSN) Grant

☐ Violence Intervention & Prevention (VIP) Grant

☐ VOCA Grant

Other (please specify)

8. For each of the grant(s) identified above, please describe the amount of funding, purpose of the funds, and when funds were received or will/may be received.

9. Has your organization received training and technical assistance from WestEd?

○ Yes

○ No

○ Unsure

If 'Yes', what level of engagement has your organization interacted with WestEd?

6. EXECUTIVE SUMMARY & GENERAL PROJECT INFORMATION

* 10.

Executive Summary. Using the following script, please summarize your project, the need for your request, and link how the funds you are requesting for the project will contribute to the overarching goal of preventing or intervening in gun or group violence. *[NOTE: This section is limited to 5,000 characters or less].*

T h e **[organization name]** is requesting $**[insert funding request amount here]** to **[provide 1-2 sentences of what you are seeking to implement with your grant funding]**. Funds will support **[provide bullet points of what the funds will be used for and dollar amount]**. By funding this project, **[describe the anticipated outcomes from your project and how the requested funds will help reduce or prevent gun or group violence in your specified area]**.

An example of how this paragraph should look is as follows:

The Action Group, Inc. is requesting up to $219,000 to support the implementation of a community outreach program where trained outreach workers will connect directly with individuals at risk of perpetrating an incident of gun violence. Funds will support the training costs of the outreach workers and violence interrupters; cover the cost of several consultants, including a Program Coordinator, two part-time Violence Interrupters and an Outreach Caseworker; and include supplies to support their work, including laptops and cellphones. By funding this project, we anticipate being able to preempt homicide and shooting incidents occurring in areas of Anytown and offer immediate interaction with members of the community impacted by those incidents. We intend to track our community interactions by having our violence interrupters fill out incident reports after interactions to see if we are successful in our de-escalation efforts. This funding is needed since the organization's current grants and funding sources can only serve a limited number of participants and demand for these activities has grown significantly over the past year.

* 11. **Type of Project.** Please select the option that best reflects your project proposal:

○ CONTINUATION: This funding would support a program or project that our organization already provides and is seeking to continue with no changes to how it currently operates.

○ ENHANCEMENT: This funding would support a program or project that our organization already provides and is seeking to add a component as part of this funding that we were previously unable to offer.

○ EXPANSION: This funding would support a program or project that our organization already provides and is seeking to expand into a different geographic area and/or reach a new target population.

○ NEW: This funding would support a program or project that our organization does not currently offer and would be a brand-new initiative.

○ REACTIVATE: This funding would help reinstate an initiative that our organization used to offer but was cut and/or pared back due to funding reductions.

* 12. **Geographic Area(s).** What type of geographic location would your project support?

○ Statewide Program

○ Regional Program (i.e., multiple counties, multiple cities across a region, etc.)

○ County-wide Program

○ Municipality/City Program (i.e., activities taking place across an entire city)

○ Neighborhood Program (i.e., programming will take place in a few select neighborhoods or blocks)

7. APPLICATION 'TRACK'

* 13. Under the FY 2023-24 VIP Grants funding announcement, applicants can request funding to support a wide range of projects and activities designed to prevent and address community violence. This includes a 'track' for more comprehensive initiatives that will engage multiple system and community-based partners within a single geographic area in a comprehensive planning and implementation process (known as 'Coordinated Community Violence Intervention' or CCVI). After reading pages 2-3 of the VIP Funding Announcement, is your organization applying as a VIP or CCVI applicant?

○ VIP Project

○ Coordinated Community Violence Intervention (CCVI) Initiative

8. VIP PROJECTS

PCCD's School Safety and Security Committee has <u>funded</u> a wide range of programs and activities designed to prevent and reduce community violence previously using VIP funding.

* 14. **Eligible Activity Category.** Please check which eligible activity category, which are included in 1306-B(j)(22) of the Public School Code, that your organization is making application for (select the one that is most applicable):

○ (i) Increasing access to quality trauma-informed support services and behavioral health care by linking the community with local trauma support and behavioral health systems.

○ (ii) Providing health services and intervention strategies by coordinating the services provided by eligible applicants and coordinated care organizations, public health entities, nonprofit youth service providers and community-based organizations.

○ (iii) Providing mentoring and other intervention models to children and their families who have experienced trauma or are at risk of experiencing trauma, including those who are low-income, homeless, in foster care, involved in the criminal justice system, unemployed, experiencing a mental illness or substance abuse disorder or not enrolled in or at risk of dropping out of an educational institution.

○ (iv) Fostering and promoting communication between the school entity, community and law enforcement.

○ (v) Any OTHER program or model designed to reduce community violence and approved by the committee.

* 15. **Model Type.** Please select the model type that you think most closely aligns with your project's design and focus. *(NOTE: Please reference the VIP Funding Announcement document for a more detailed description of these approaches, including examples of strategies.)*

○ PREVENTION

○ INTERVENTION

○ TRANSFORMATION & HEALING

○ OTHER violence prevention, intervention, and/or response strategies that demonstrate promise in meeting the goals of this program.

16. **Performance Indicators.** Please provide a list of performance indicators you will utilize to measure success of your project. (Optional)

Performance Indicator 1:

Performance Indicator 2:

Performance Indicator 3:

Performance Indicator 4:

Performance Indicator 5:

![Pennsylvania Commission on Crime and Delinquency logo]

9. VIP - BUDGETARY INFORMATION

Maximum award amounts will be based on applicants' current operating budgets, with no applicant able to request more than 50% of their operating budget, up to $950,000 total, over an up-to-36-month project period. PCCD will request documentation from organizations to confirm the operating budget identified in their application. Please Note: A breakdown of the budget will be required in the VIP Proposal Narrative Template.

* 17. **Annual Operating Budget:** Please provide the total amount of expenditures for your organization/agency in the most recent state fiscal year (July 1, 2022-June 30, 2023).

[ ]

* 18. **Total Amount of VIP Grant Funding Requested:** Please provide the total amount requested by your organization. *(Note: Organizations can request up to 50% of their operating budget or $950,000 total, whichever is less.)*

[ ]

19. **Organization/Agency Operating Budget Documentation.** Please attach documentation confirming your organization's operating budget.

| Choose File | Choose File | No file chosen |

10. CCVI PROJECTS - Inventory/Assessment

Applicants seeking VIP funding to support Coordinated Community Violence Intervention (CCVI) Strategies projects are encouraged to carefully review the written funding announcement, especially the Appendix, which details specific requirements for these initiatives.

20. **Inventory/Assessment.** Have you completed an inventory/assessment of available services, resources, and programs currently available within the project location area?

◯ Yes

◯ No

11. CCVI PROJECTS - Inventory/Assessment Completed

Please note: If awarded, the applicant would be required to develop an action plan that identifies and implements 2-3 strategies aligned with model criteria provided by PCCD that are responsive to needs identified through assessment and in consultation with project partners (including evaluation/research partners identified by PCCD).

21. Please provide a description of the inventory/assessment that was completed, including when it was conducted/completed, who was involved in the process, etc.

22. Please upload a copy of the inventory/assessment (or related information). This could include attaching a GANTT chart or timeline.

Choose File   Choose File   No file chosen

12. CCVI PROJECTS - Inventory/Assessment Not Completed

23. Please explain how your organization will complete a comprehensive needs assessment as part of the planning period for your project.

13. CCVI - PROJECT INFORMATION

* 24. **Program Components.** CVI approaches typically involve one or more of the following. From the sample list, please check box the model type that you think most closely aligns with your project's description (NOTE: If your program model type is not listed, please select OTHER below):

☐ Trusted, credible messengers and practitioners responsible for delivering intervention strategies.

☐ Full partnerships with representatives of the affected community/ies who provide input and help shape the intervention's approach.

☐ A focus on people with the highest risk of violence involvement in the near term.

☐ Data from multiple sources (e.g., law enforcement, social services, etc.) that are vetted for accuracy and attention to racial, ethnic, economic, and other biases.

☐ Trauma-informed and trauma-responsive practices focused on the impact of trauma on individuals and the broader population in historically underinvested communities.

☐ Facilitating partnerships and relationships among a wide range of public, private, and community stakeholders impacted by violence to prevent violence, strengthen community resilience, and build social capital/networks.

☐ Driven by a commitment to racial, ethnic, and socioeconomic equity, recognizing the various social, demographic, economic, and system/structural factors that drive and perpetuate community violence, and bringing resources and responses directly to people and places with the greatest need.

☐ Other (please specify)

* 25. **Cross-Sector Partners.** Proposed CCVI projects should utilize approaches that have demonstrated promise in preventing and reducing community violence and must include multiple cross-sector partners, including, but not limited to, the following (where appropriate). Please select all the program partner types that are relevant to your project:

☐ Community (youth-serving organizations, faith-based organizations, other community-based organizations instrumental to preventing or responding to violence within a given service area)

☐ Health and human services (e.g., hospitals, behavioral health providers, etc.)

☐ Victim service providers

☐ Local law enforcement and justice-related stakeholders (district attorney's office, public defender's office, courts, probation/parole, etc.)

☐ Education (K-12, postsecondary)

☐ Community and economic development

☐ Arts, recreation, and public spaces

☐ Other (please specify)

[   ]

26. **Performance Indicators.** Please provide a list of performance indicators you will utilize to measure success of your project. *(Optional)* Please Note: If awarded, you will be required to work with the technical assistance provider, WestEd, to create and track performance measures as part of your project.

Performance Indicator 1: [   ]

Performance Indicator 2: [   ]

Performance Indicator 3: [   ]

Performance Indicator 4: [   ]

Performance Indicator 5: [   ]

* 27. **Technical Assistance Affirmation.** I understand by applying under the CCVI track that I commit to working with the technical assistance provider, West Ed, on the implementation of my project, which includes building our CCVI framework.

○ Yes

○ No

14. CCVI - BUDGETARY INFORMATION

Applicants seeking funding to support comprehensive Coordinated Community Violence Intervention (CCVI) Strategies projects are eligible to request up to $3 million in total funding to implement key project activities (with consideration of size of proposed service area) over a 36-month project period. PCCD does not anticipate supporting more than 2-3 CCVI projects as part of this solicitation.

Note: Applicants must provide more detailed budget information in their completed CCVI Proposal Narrative, which must be uploaded and submitted with this SurveyMonkey form.

* 28. **Annual Operating Budget:** Please provide the total amount of expenditures for your organization/agency in the most recent state fiscal year (July 1, 2022-June 30, 2023).

[   ]

* 29. **Total Amount of CCVI Grant Funding Requested:** Please provide the total amount requested by your organization. *(Note: Organizations can request up to $3,000,000 in grant funds to support CCVI project activities. Do __not__ include the match portion in this total; only include the total state funds you are requesting. A breakdown of the budget will be required in the CCVI Proposal Narrative Template.)*

[   ]

30. **Organization/Agency Operating Budget Documentation.** Please attach documentation confirming your organization's operating budget.

Choose File   Choose File   No file chosen

15. PROPOSAL NARRATIVE & BUDGET TABLES/NARRATIVE UPLOAD

Applicants should use the designated field to upload a copy of their Proposal Narrative and Budget Table(s)/Narrative(s) as a <u>single document</u> (PDF, DOC, DOCX file).

* 31. Applicants must upload a copy of their completed Proposal Narrative and Budget Table(s)/Narrative(s). *Please utilize the Proposal Narrative Templates for VIP and CCVI projects. Files should be in either PDF or DOC/DOCX format.*

| Choose File | Choose File | No file chosen |

16. LETTERS OF SUPPORT & REFERENCES

Please attach references for individuals/groups that will vouch for the organization and its work. Applicants must also provide letters of support or other mechanisms demonstrating commitment of named partners to the proposed project.

32. LOS/REFERENCES - Attachment 1:

| Choose File | Choose File | No file chosen |

33. LOS/REFERENCES - Attachment 2:

| Choose File | Choose File | No file chosen |

34. LOS/REFERENCES - Attachment 3:

| Choose File | Choose File | No file chosen |

35. LOS/REFERENCES - Attachment 4:

| Choose File | Choose File | No file chosen |

36. LOS/REFERENCES - Attachment 5:

| Choose File | Choose File | No file chosen |

37. Please provide contact information for three references from stakeholders (e.g., individuals who have participated in your organization's programs or services, oversight organizations or funders, current or previous contract holders, etc.) that are familiar with your organization and its work. **These references may be contacted during the review process to verify information provided in your request.** Organizational members or family members should not be used as a reference. By adding a person's contact information below, you are verifying that they consent to be contacted:

First Contact Person Name

Role/Title of First Contact Person

First Contact Person's Email Address

First Contact Person's Preferred Phone Number

Second Contact Person Name

Role/Title of Second Contact Person

Second Person's Email Address

Second Contact Person's Preferred Phone Number

Third Contact Person Name

Role/Title of Third Contact Person

Third Contact Person's Email Address

Third Contact Person's Preferred Phone Number

17. AFFIRMATION OF APPLICANT READINESS

Interested applicants who are community-based nonprofit organizations are strongly encouraged to review and complete a "PCCD Grants Readiness Self-Assessment Checklist." This document provides an overview of the minimum requirements nonprofit organizations must have in place in order to directly apply for and receive grant funding from PCCD, as well as recommended (but not required) practices for grantees.

Entities that cannot meet these requirements are encouraged to consider fiscal sponsors and/or partnerships with an eligible applicant who can include the organization as a subrecipient in their proposed budget.

* 38. I affirm that my organization can manage grant-funded projects, as evidenced by criteria outlined in PCCD's Applicant Readiness Checklist.

⚪ Yes

⚪ No

39. OPTIONAL ATTACHMENT: Applicants who are **community-based organizations** can upload a completed copy of their Applicant Readiness Checklist, if desired.

Choose File   Choose File   No file chosen

18. ADDITIONAL INFORMATION & ATTACHMENTS (OPTIONAL)

Applicants may submit additional supplemental materials (e.g., a short, two-to-five-minute video, photos, brochures, annual reports, etc.) within their SurveyMonkey form.

40. (Optional) Video URL Link (YouTube, Vimeo, etc.)

41. (Optional) Attachment 1:

Choose File   Choose File   No file chosen

42. (Optional) Attachment 2:

Choose File   Choose File   No file chosen

43. (Optional) Attachment 3:

Choose File   Choose File   No file chosen

19. AFFIRMATIONS & SUBMITTAL

* 44. Thank you for participating in the initial request for VIP funding. Please read through and check the boxes to confirm that you understand the following, and sign the final attestation below:

☐ Once you click the submit button on the next page, your initial request will be submitted to PCCD and you will not be able to make any other edits to your request. SurveyMonkey will not provide you with an acknowledgement that your initial request was received. Please be assured that once you hit "Submit", PCCD has received your request. Do not contact us for a copy of your initial request.

☐ In the event you accidentally submit an incomplete request, or if you want to add more information to a request, you are able to resubmit a request in SurveyMonkey at any time during the open request period. If an organization submits multiple duplicate survey/forms, PCCD will use the last submitted request in the review process and will not consider earlier submittals.

☐ If you are selected to move forward in the application process, you will receive an email from PCCD staff outlining the next steps in submitting a formal application in PCCD's Egrants system in March 2024 (TBD).

* 45. **Final Acknowledgement.** By signing below, I acknowledge that, should this initial request be accepted for an award by the School Safety and Security Committee, my organization is responsible for working with PCCD staff to meet all further programmatic and fiscal requirements related to the award. If approved for the next phase of the application process, I acknowledge that I will be required to complete a final application via PCCD's Egrants system. If ultimately awarded funding, I understand that my organization will be required to comply with all reporting, data collection and evaluation requirements as prescribed by PCCD; and may be required to participate in webinars, calls and/or virtual meetings as part of the application process and/or award (if applicable).

Signed *[name of person filling out application]*

Date

By submitting this final acknowledgement, you agree that your initial request will be submitted to PCCD for consideration and acknowledge that the submission will be considered a record according to the provisions of the Pennsylvania Right-to-Know Law.

Please note, by clicking "Done" your initial request will be complete. SurveyMonkey will not generate a confirmation of your submission. Thank you.