REFERENCE DOCUMENT:
Violence Intervention and Prevention Initial Request Form

PLEASE NOTE: This document provides an overview of the questions and information asked in PCCD's Violence Intervention and Prevention (VIP) Initial Funding Request Form (SurveyMonkey) as a reference tool/resource. This document is not intended to serve as an application/request form.

All initial funding requests must be completed using the VIP Initial Funding Request Form in SurveyMonkey: https://www.surveymonkey.com/r/2021_VIP_Initial_Request_Form

The deadline for initial funding request responses is October 15, 2021 at 11:59 P.M.

For FY2021-22, $30 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, local 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. 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. 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.

Please refer to PCCD's Gun Violence Grants and Funding webpage for additional information regarding VIP funding. Questions regarding this initial request can be sent to RA-PCCD_ExecutiveOfc@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.**

If your initial request is approved at the December 1, 2021 School Safety and Security Committee meeting, you will be contacted by PCCD staff to complete a final, more robust application via PCCD's Egrants system.

Organizational Information and Background Sections:

1. Organization Information. Please provide us with information about your organization.
  a. Name of Organization*[1]
  b. Street Address*
  c. City/Town*
  d. County*
  e. State*
  f. ZIP/Postal Code*
  g. Phone Number*
  h. Website (if applicable)

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:
  a. Primary Contact Person Name*
  b. Primary Contact Person's Email Address*
  c. Primary Contact Person's Preferred Phone Number*
  d. Primary Contact Role/Title*
  e. Secondary Contact Person Name*
  f. Secondary Contact Person's Email Address*
  g. Secondary Contact Person's Preferred Phone Number*
  h. Secondary Contact Role/Title*

3. **Eligible Applicant.** Please select the eligible applicant category that best represents your organization*:
  a. Community-based organization without 501(c)(3) status
  b. Community-based or nonprofit organization with 501(c)(3) status
  c. Institution of Higher Education
  d. Municipality
  e. County
  f. District Attorney's Office

  If (a) is selected, the following set of questions are asked:

    3.1. As a community-based organization without 501(c)(3) status, you are required to have a fiscal sponsor or 'umbrella' organization (i.e., a non-profit with 501(c)(3) status or another eligible entity under this solicitation) in order to be eligible to make application. Sponsoring agencies will be required to take receipt of and be accountable for all funding. For-profit businesses and organizations are NOT eligible applicants. Please identify the contact information of your sponsoring agency here:
     a. Name of Sponsoring Organization*
     b. Street Address of Sponsoring Organization*
     c. City/Town*

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[1] Questions marked with an Asterix (*) are required.

d. County*
e. State*
f. ZIP/Postal Code*
g. Phone Number*
h. Sponsoring Organization Contact Person Name*
i. Role/Title of Sponsoring Organization Contact Person*
j. Sponsoring Organization Contact Person's Email Address*
k. Sponsoring Organization Contact Preferred Phone Number*
l. Website of Sponsoring Organization (if applicable)
m. Please provide the link to your organization's nonprofit notation in GuideStar.org, IRS Tax Exempt Organization Search or another similar nonprofit data source engine to confirm said status. If that notation is not available, please leave this field blank. You will receive a follow-up survey/questions from PCCD staff to confirm your 501(c)(3) status.
n. Has the Sponsoring Organization committed to this relationship?*

If (b) is selected, the following question is asked:

3.2. Please provide the link to your organization's nonprofit notation in GuideStar.org, IRS Tax Exempt Organization Search or another similar nonprofit data source engine to confirm said status. If that notation is not available, please leave this field blank. You will receive a follow-up survey/questions from PCCD staff to confirm your 501(c)(3) status.

4. **Prior Funding.** Has your organization previously received funding from 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]

4.1. If yes, please describe source of grant, amount of funding, purpose of the funds, and when funds were received or will be received.

5. **Other Application(s) for Funding.** Has your organization recently made application for funding from PCCD or other local, state or federal grant sources to support gun violence and/or group violence reduction efforts? *Please note that applicants applying for other funds are still eligible to apply; however, it 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]

5.1. If yes, please describe source of grant, amount of funding applied for, purpose of the funds, and when funds may be received.

6. **Organization Background.** Please provide a brief overview of your organization, when you were founded, what your organization does, and the individuals or communities you serve. [NOTE: This section is limited to 500 characters or less].

7. **Community Background.** Please describe how gun and/or group violence has impacted your community, and what efforts your organization has already made – or would like to implement – to address that problem? [NOTE: This section is limited to 500 characters or less].

Project Narrative Section:

1. **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.

2. **Model Type.** From sample list of strategies and programs below, please select 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):

   - Street outreach and violence interruption programs utilizing credible messengers (e.g., [Cure Violence](), [Group Violence Intervention](), [Operation Ceasefire](), etc.)
   - Increasing availability of safe routes and transportation options for youth and adults (e.g., Safe Passages, Safe Corridors)
   - Identification, outreach, and engagement of individuals who are most likely to be involved in violence and providing tailored, holistic supports to meet a wide range of education, employment, mental and behavioral health, and other basic needs (e.g., [Chicago CRED](), [Safe and Successful Youth Initiative](), etc.)
   - [Hospital-based and hospital-linked violence intervention programs]()
   - Strengthening pre-release and reentry programs, interventions, services, and supports for individuals convicted of firearm-related offenses
   - Trauma-informed approaches to support individuals, families, and communities impacted by gun violence.

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

3. **Project Narrative*.** *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 meet or solve that need.* [NOTE: This section is limited to 2,000 characters or less].

The [**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 ($30,000); cover the cost of several consultants, including a Program Coordinator ($39,000), two part-time Violence Interrupters ($40,000 each) and an Outreach Caseworker ($50,000); and include supplies to support their work, including laptops and cellphones ($20,000). 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.

4. **Geographic Area(s)*.** What municipality/ies or neighborhoods are you trying to support through your proposed project? Please be specific.
   1) Area #1:
   2) Area #2:
   3) Area #3:
   4) Area #4:
   5) Area #5:

5. **Target Populations/Community.** Within the municipality(ies) or neighborhoods you identified, please describe who your proposed project would engage and reach. [text box]

6. **Proposal Type*.** Please select the statement that most accurately reflects your project proposal:
   i. This funding would support a program or project that our organization already provides.
   ii. This funding would support a program or project that our organization does not currently offer and would be a brand-new initiative.

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

 If answer is (i) – go to these questions:
  6.1. Do you intend to use this funding to expand and/or serve more individuals than the number you currently serve? (If Yes, jump to 6.2 / If no, skip to question 7)
  6.2. How many additional individuals would the project be able to serve? [text box] – then go to question 7

 If answer is (ii) – go to question 7

 If answer is (iii) – go to these questions:
  6.3. Please describe the initiative and the funding source(s) that previously supported its implementation. [text box]
  6.4. When was funding for this initiative reduced or eliminated? [text box]
  6.5. Please describe any outcomes or impacts of this initiative when it was funded and operational, including any available data or performance measures. [text box]

7. **Recruitment.** If applicable, please describe how your organization plans to engage or recruit participants in your project.

8. **Referral.** If applicable, please describe how participants in your project will be referred to specific services, supports, and other resources within the community. Please be sure to identify any other organizations or agencies that will be involved in implementing those activities.

Budget Section

ATTENTION: Please refer to the VIP Funding Announcement for details on the tiered funding approach and maximum award amounts as adopted by the School Safety and Security Committee. Applicants should develop detailed budgets that reflect the actual or best estimated cost of the project. Budget requests under the maximum award amount for each category are acceptable; budgets should NOT exceed the maximum award amount per category.

1. **Category/Budget Selection.** Please select **ONE** category below that best exemplifies your organization's size and service area. Maximum award amounts are tiered according to each categories' criteria. **As this is a competitive application process, it is incumbent on the applicant to select the proper category. PCCD will not predetermine which category your organization qualifies for but will verify this information through the review process. Inaccurate information may lead to disqualification.**

NOTE: To determine your total annual operating expenditures, please refer to your organization's expenditures for the period from July 1, 2020 to June 30, 2021.

a. **Category 1: Small-sized organizations** with under $100,000 in annual operating expenditures relying primarily on volunteers to operate and may have no full-time employees. These applicants are seeking funding to support small-scale, neighborhood level activities. This category will likely include community-based organizations with 501(c)(3) status and community-based organizations without that designation but are working with a fiscal sponsor. **Maximum: $50,000 for 2-year budget ($25,000 per year).**

b. **Category 2: Small-to-mid-sized organizations** with annual operating expenditures of between $100,001 and $500,000 serving a limited geographic area or target population (e.g., grassroots group proposing activities serving one to two neighborhoods within a city or municipality). This category will likely include community-based organizations with 501(c)(3) status who have one or more full-time employees. **Maximum: $150,000 for 2-year budget ($75,000 per year).**

c. **Category 3: Mid-sized organizations** with between $500,001 to $1 million in annual operating expenditures serving a geographic area or target population and is seeking to expand services to a larger service region. This category will likely include community-based organizations with 501(c)(3) status and potentially some smaller municipalities. **Maximum: $500,000 for 2-year budget ($250,000 per year).**

d. **Category 4: Large organizations** with over $1 million in annual operating expenditures with significant capacity, experience, and ability to implement, expand and scale complex programs across a large geographic area (e.g., city, county, etc.). This category will likely include large community-based organizations with 501(c)(3) status, institutions of higher education, larger municipalities and their district attorneys' offices, and counties. **Maximum: $2 million for 2-year budget ($1 million per year).**

e. **Category 5: "Umbrella" organizations** include 501(c)(3) nonprofit(s) or another VIP eligible applicant serving as a fiscal sponsor or applicant on behalf of a community-based organization. "Umbrella" organizations are eligible for up to 33% on top of the collective budgets of the organizations they are supporting (e.g., an "umbrella" organization applies to support 5 community-based organizations that are eligible for maximum budgets of $50,000 each; 5 x $50,000 = $250,000. 33% of $250,000 is $82,500, so the 'umbrella' is eligible for $82,500 in this instance to support their agency's costs in providing fiscal/administrative support). This funding must be directly tied to activities/expenses that support subgrantees/subrecipients' specific projects (i.e., not general overhead).

2. Please provide the total amount that you are requesting here [NOTE: It does not need to be the maximum amount allowed by your category, but it should not exceed the maximum amount.]: [Text box]

3. From the list below, please enter the cost or best estimate for the budgetary categories listed and provide a short narrative about the expenditure(s) proposed. The total costs entered in the categories below should equal the total budget request in the previous question.

For example, if you intend to hire personnel, include the salary in the personnel section, and note the type of position that you are seeking to fill (e.g., *$40,000; salary for a part-time, 24-month violence interrupter position*).

Key points to keep in mind as you develop your budget:
- Due to the competitive nature of these funds, PCCD staff are unable to provide guidance on whether an item or activity fits within one of these categories. It is up to the requester to determine which items to apply for under which category. A clear description of the connection between the funded item and the proposed activities should be provided.
- Indirect costs are limited to 10% of the amount of the award. Administrative costs that are not clearly justified to be necessary, direct project costs within the applicant's proposed budget detail will be considered indirect and will be counted toward the 10% maximum indirect rate. Indirect costs exceeding 10% of the budget will be reduced to the maximum should this initial funding request move forward.
- Physical security/infrastructure costs (such as security cameras, building modifications, and other "hardening" strategies) are <u>not</u> eligible activities under this solicitation.
- Technical assistance for program or model implementation (e.g., training staff and consultants in a given approach, establishing data collection/reporting protocols, etc.) and/or related business/administrative functions (i.e., contracted services for administrative or accounting support to manage bookkeeping functions) are an eligible cost under this application. These expenses should only be a portion of the overall budget. PCCD reserves the right to have approved applicants remove or reduce items from the proposed budget that are deemed ineligible or not sufficiently related the project.
- Please note that organizations selected for funding will need to develop and submit a detailed Budget to PCCD in Egrants outlining specific costs and expenditures.
- PCCD cannot reimburse any costs that are incurred prior to the start date of the award. Applicants are required to follow PCCD's procurement guidelines (see page 16 of [PCCD's Applicant Manual](#) for more on this).
- VIP grant recipients will be required to submit detailed financial reports in PCCD's Egrants system and PCCD will reimburse grantees for reported, eligible expenditures. PCCD understands that all grantees may not have enough cash on hand to be able to purchase more expensive items or services on a reimbursement

basis and PCCD will work with grantees in those situations to develop alternative payment/invoicing options.

- Grants awarded under PCCD's VIP Program may have project period for up to two years. There should be no expectation that funding will be available past the two-year period.

    a. *Personnel* [Text box]
    b. *Employee Benefits* [Text box]
    c. *Travel (including Training)* [Text box]
    d. *Equipment* [Text box]
    e. *Supplies & Operating Expenses* [Text box]
    f. *Consultants* [Text box]
    g. *Other* [Text box]
    h. *TOTAL* [Text box]

4. **Budget affirmation.** Please select one answer from the following options below. Please note that your response does not impact your application; rather, it will be used by PCCD fiscal staff to ascertain level of assistance needed:

    a. My organization currently has the capability to operate on an expenditure reimbursement model (i.e., recipient pays for grant expenditures and then submits expenditure verification to PCCD and is reimbursed for the expenditure).

    b. My organization may not be able to operate on an expenditure reimbursement model (i.e., do not have enough cash on hand to operate within the PCCD quarterly reimbursement model).

References Section.

1. Please provide contact information for three references from stakeholders (e.g., patrons, oversight organizations, 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:

    1.1. First Contact Person Name
    1.2. Role/Title of that Person
    1.3. Person's Email Address
    1.4. Person's Preferred Phone Number
    2.1. Second Contact Person Name
    2.2. Role/Title of that Person
    2.3. Person's Email Address
    2.4. Person's Preferred Phone Number
    3.1. Third Contact Person Name
    3.2. Role/Title of that Person

> 3.3.   Person's Email Address
> 3.4.   Person's Preferred Phone Number

Attachment Section (Optional).

1. Please provide any additional comments here as it relates to your application (e.g., provide justification as to why you selected the Budget Category that you did; other explanations; feedback to PCCD on the process, etc.). [Limit to 500 characters or less]

2. Please attach any additional information you would like to include as part of your initial request (e.g., letters of support from relevant community stakeholders; documents that provide examples of the work your organization has done, estimates or product specs to supplement the information provided in your budget, etc.).

Affirmations and Submittal Section.

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. [check box]

- 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. [check box]

- If you are selected to move forward in the process, you will receive an email from PCCD staff outlining the next steps in submitting a final application in PCCD's Egrants system in December 2021. [check box]

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 funding, I acknowledge that I will be required to complete a final application via PCCD's EGrants system prior to receiving the official award; 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 award.

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 bookmark and visit our website for any updates about future funding opportunities.

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