*County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

PURPOSE/MISSION OF THE VICTIMS OF CRIME ACT (VOCA) FUNDING COMMITTEE

|  |
| --- |
| Each VOCA Funding Committee (VFC) must determine its purpose, whether it will meet the minimum requirement of distributing federal VOCA funds or if it will broaden its scope to include other victim-related policy issues.EXAMPLE: *"The mission of the VOCA Funding Committee is to make recommendations on the distribution of federal VOCA funds for victim service agencies within the county and provide an opportunity for individuals in the criminal justice, juvenile justice, and victim services field to collaborate and implement ideas and/or solutions for meeting the needs of victims within the county."* |

In the space provided below or as an attachment, please state the purpose/mission of the county's VOCA Funding Committee. The purpose/mission should include, but is not limited to:

* The scope of the committee's work; and
* Any additional information the county feels is appropriate to describe the committee’s mission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson Signature Date

**This form must be included in the county's VFC Orientation Packet and emailed to
PCCD as part of the Orientation Packet.**

 **Email:** **RA-OVS-FundingInfo@pa.gov**

 ***County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**ATTENDANCE REQUIREMENT**

|  |
| --- |
| Each VOCA Funding Committee has the discretion to adopt an attendance policy.For example: "Any member of the County VOCA FundingCommittee who fails to attend more than two (2) consecutive meetings of the Committee,without an excused absence, shall be removed from the VOCA Funding Committee ." |

Has the county's VOCA Funding Committee adopted an Attendance Policy?

❑ Yes ❑ No

If so, please provide the attendance requirement implemented for the county's VOCA Funding Committee in the space below or as an attachment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson (Print)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson (Signature) Date

**This form must be included in the county's VFC Orientation Packet and emailed to
PCCD as part of the Orientation Packet.**

 **Email:** **RA-OVS-FundingInfo@pa.gov**

 County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFLICT OF INTEREST POLICY**

Personnel and other officials connected with VOCA programs shall adhere to the requirements as outlined on Pages 5-6 of the VOCA Funding Committee requirements. Each VOCA Funding Committee must adopt a Conflict of Interest Policy that ensures adherence to these requirements

Please provide the Conflict of Interest Policy as adopted by the county's VOCA Funding Committee in the space below or as an attachment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson (Signature) Date

**This form must be included in the county's VFC Orientation Packet and emailed to
PCCD as part of the Orientation Packet.**

 **Email:** **RA-OVS-FundingInfo@pa.gov**

 ***County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**PROXY VOTING REQUIREMENT**

Each VOCA Funding Committee has the discretion to decide whether to allow members to vote by proxy.

Has the county's VOCA Funding Committee adopted a Proxy Voting Policy?

 ❑ Yes ❑ No

If yes, please provide the proxy voting policy and criteria implemented for the county's VOCA Funding Committee in the space below or as an attachment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson (Signature) Date

**This form must be included in the county's VFC Orientation Packet and emailed to
PCCD as part of the Orientation Packet.**

 **Email:** **RA-OVS-FundingInfo@pa.gov**

*County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**DESCRIPTION OF INFORMATION DISSEMINATION
AND DECISION-MAKING PROCESSES**

As outlined in the VOCA Funding Committee (VFC) Requirements, the VFC is required to develop a process that outlines the procedures for the distribution of information from PCCD (such as funding announcements) to all VFC members. The VFC must also develop a proposal review process, which provides fair consideration to all appropriate applications, as well as an explanation of the application and decision-making processes used by the VFC.

When making funding recommendations, the VFC's ultimate recommendation should be guided by the merits of each proposal in light of:

 1) the analysis of need and potential impact; 2) cost effectiveness considerations; 3) compliance with the program funding guidelines; and 4) coordination with the existing service delivery system.

1. In the space provided below or as an attachment, outline the process to be used by the VFC chair to ensure that all members of the VFC receive relevant information provided by PCCD. The process should include how and when the information is distributed by the VFC chair.
2. In the space provided below or as an attachment, outline the application and proposal review processes to be used by the VFC to ensure fair consideration to all appropriate applications. This may include, but is not limited to:
* A description of what components of the application will be submitted for VFC review (it is suggested that at a minimum, each VFC member receive a copy of the applicant's budget and project activities **prior** to the meeting);
* Detail on how the application(s) are to be submitted by applicants to the VFC chair;
* How the application(s) are distributed by the chair to the VFC members; and
* The length of time between when the application(s) are distributed and when the meeting is held. Use additional pages as necessary.

3. In the space provided below or as an attachment, outline the decision-making process to be used by the VFC in determining the application(s) that will receive funding. This process should include, but is not limited to:

* Information on how the applications are presented at the VFC meeting;
* Limitations on the length of discussion for each application (if any);
* Any factors to be used by the VFC to make the decision;
* How the vote will occur;
* Provisions for ensuring that the vote is taken with a quorum of the membership present; and
* Any other considerations used by the VFC in making their decisions. Use additional pages as necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson (Signature) Date

**This form must be included in the county's VFC Orientation Packet and emailed to
PCCD as part of the Orientation Packet.**

 **Email:** **RA-OVS-FundingInfo@pa.gov**

*County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Chair Selection & Length of Term**

It is the responsibility of the members of the VOCA Funding Committee (VFC) to select the VFC chair. The VFC is given the discretion to decide the method of election and the term length of the chair. It is suggested that an election process and term length be established, but it is not required. The following template is provided to the VFC as a guide should the VFC establish a method of
election and the term length of the VFC chair.

1. Has the VFC established an election method for selecting the Chairperson?
❑ Yes ❑ No

If so, in the space provided below or as an attachment, outline the process to be used by the VFC to elect the chairperson. The information may include, but is not limited to:

* List how the individual is nominated;
* How the person will be approved (vote, consensus, etc.)
1. Has the VFC established term lengths for the Chairperson?

❑ Yes ❑ No

If so, in the space provided below or as an attachment, outline the office term parameters for the VFC chair. The information may include, but is not limited to:

* How the term length will be established;
* The length of term;
* Ability to serve consecutive terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson (Signature) Date

**This form must be included in the county's VFC Orientation Packet and emailed to
PCCD as part of the Orientation Packet.**

 **Email:** **RA-OVS-FundingInfo@pa.gov**

*County:\_\_\_\_\_\_\_\_\_\_*

*Date*:\_\_\_\_\_\_\_\_\_\_\_\_

 VOCA FUNDING COMMITTEE MEMBERSHIP & ATTENDANCE FORM

This form must list all current members of the VFC. This form is also to be used to verify meeting attendance by having members sign the

 form to indicate that he or she was present. Any changes from the last submission or any proxy voting substitutions should be explained

 in the minutes. Proxy voting substitutions must adhere to the county’s policy as submitted to PCCD.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Signature** | **Agency & Address** | **Telephone No.** | **Fax No.** | **E-Mail Address** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**This form must be included in the county’s VFC Orientation Packet and emailed to PCCD.**

**Email:** **RA-OVS-FUNDINGINFO@pa.gov**

VFC Orientation Form – G 12/14

Proxy

*County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**SYNOPSIS OF CURRENTLY FUNDED VICTIMS' SERVICES PROGRAM**

Each VOCA Funding Committee (VFC) is required to maintain a synopsis of each currently funded victim service agency. This synopsis is to be included in the orientation packet provided to all new VFC members and submitted to PCCD. Below is a template which may be used by the VFC in developing the individual agency synopsis. The VFC may also choose to attach additional agency information, such as brochures and annual reports.

 Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Type of Program (check all that apply):❑ Domestic Violence❑ Comprehensive❑ Elder Abuse❑ MADD❑ Victim/Offender MediationTypes of Funding Received: | ❑ Sexual Assault❑ Victim/Witness - Adult System❑ Victim/Witness - Juvenile System❑ Children's Advocacy Center❑ Other:  |

Description of Services Provided:

**This form must be included in the county's VFC Orientation Packet and emailed to
PCCD as part of the Orientation Packet.**

 **Email:** **RA-OVS-FundingInfo@pa.gov**

# Overview of the Victims of Crime Act (VOCA)

# Funding Stream

|  |  |
| --- | --- |
| **AUTHORIZATION:** | The federal Victims of Crime Act of 1984 as amended. |
|  |  |
| **SOURCE OF FUNDS:** | The Crime Victims Fund, which is comprised of federal fines, forfeitures, and penalty assessments imposed on offenders of federally prosecuted cases. |
|  |  |
| **COUNTY ALLOCATIONS:** | County allocations are determined on a formula basis that takes into consideration the county’s population, which is weighted at 25%; target crimes, which is weighted at 25%; and penalty assessment collections, which is weighted at 50%. |
|  |  |
| **PURPOSE:** | The Victims of Crime Act (VOCA) Formula Grant Program provides for crime victims compensation as well as the delivery of direct services to victims of crime.  |
|  |  |
| **RECIPIENT AGENCIES:** | Public or non-profit programs with a history of at least two years of providing direct services to crime victims as the principal mission of the organization. |
|  |  |
| **FUNDABLE ACTIVITIES:** | Eligible activities are those direct services which respond to the emotional and physical needs of crime victims and helps them stabilize their lives in the aftermath of trauma (ex. crisis intervention, shelter, long and short term counseling, and other emergency services that are intended to restore the victim’s sense of security); or assist victims in understanding and supporting them through the criminal and juvenile justice process; or provide victims of crime with a safe and secure environment.  |
|  |  |
| **INELIGIBLE ACTIVITIES:** | Ineligible activities include, but are not limited to, procedural services, prosecution and law enforcement activities, fundraising, crime prevention, and lobbying and administrative advocacy. |
|  |  |
| **FUNDING PROCESS:** | Funds are allocated on a county basis and the VFC’s are used to determine the amount of funds awarded to each applicant agency. |
|  |  |

**VICTIMS OF CRIME ACT (VOCA)**

**FUNDING COMMITTEES**

**--♦--♦--♦--♦--♦--♦--♦--♦--♦--**

**Funding**

**Recommendation**

**Form**

**--♦--♦--♦--♦--♦--♦--♦--♦--♦--**

### VOCA FUNDING CERTIFICATION FORM

**VICTIMS OF CRIME ACT PROJECTS**

**Year 2015**

I hereby certify that the       County VOCA Funding Committee, at its meeting of      , approved and recommended for funding the following projects:

Agency Project Title Amount

Total County Request $

**IF APPLICABLE, PLEASE CHECK THE FOLLOWING CERTIFICATION:**

I hereby certify that the       County VOCA Funding Committee, has had no new eligible

applicants for VOCA funding this funding cycle.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOCA Funding Committee Chairperson (Signature) Date

**The VFC chair must complete this form and provide to each funded program. The applicant must attach a copy into Egrants as part of PCCD’s application process.**