



City of Grand Island

Tuesday, April 27, 2010

Council Session

Item G12

**#2010-122 - Approving Application for Victims Of Crimes Act
(VOCA) Grant**

Staff Contact: Steve Lamken

Council Agenda Memo

From: Captain Peter Kortum, Police Department
Meeting: April 27, 2010
Subject: 2010 VOCA Grant Application
Item #'s: G-12
Presenter(s): Steve Lamken, Chief of Police

Background

The Grand Island Police Department has managed the victim assistance program for Grand Island-Hall County since 2004. Primary funding is from the Victim's Of Crime Act (VOCA). Grants are awarded through the Nebraska Crime Commission. Historically, the City matches the grant with cash support and in kind services near the 20% level. The estimated budget for the grant period of 10-1-2010 to 9-30-11 is \$62,487.00. The estimated City share is \$10,346.00.

This agenda item seeks approval to submit the application.

Discussion

A requirement for the grant application is that the grant application must be signed by the agency executive officer for the City of Grand Island.

Alternatives

It appears that the Council has the following alternatives concerning the issue at hand. The Council may:

1. Do not approve the application
2. Approve the application

Recommendation

City Administration recommends that the Council approve the application of the award. Any award based on this application will come to council for acceptance.

Sample Motion

Move to approve the application for 2010 Victims of Crime Act grant funding for the Grand Island-Hall County Victim Assistance Program.

NEBRASKA CRIME COMMISSION
Grant Applicant Information
Victim Assistance

1. Federal Employer ID # (Nine digit number)	47-6006205		
2. Project Title:	Grand Island/Hall County Victim Assistance Program		
3. Applicant Name: (Agency/Organization)	City of Grand Island	Telephone	(308) 385-5444
		Fax	(308) 385-5398
4. Address	P. O. Box 1968, Grand Island, Nebraska 68802-1968		
5. Project Director:	Peter Kortum	Telephone	(308) 385-5400
		Fax	(308) 385-5398
(Receives all grant correspondence)	Email:	pkortum@gipolice.org	
Address:	111 Public Safety Drive, Grand Island, Nebraska 68801-8410		
6. Project Coordinator: (Contact person)	Kerry Garza	Telephone	(308) 385-5400
		Fax	(308) 385-5661
	Email:	kgarza@gipolice.org	
Address:	111 Public Safety Drive, Grand Island, Nebraska 68801-8410		
7. Fiscal Officer: (Cannot be Project Director)	Kristina Waggerman	Telephone	(308-385-5400
		Fax	(308-385-5398
	Email:	kevans@gipolice.org	
Address:	111 Public Safety Drive, Grand Island, Nebraska 68801-8410		
8. Board Chair:	N/A	Telephone	()
		Fax	()
	Email:		
Address:	(Please include last four digits of zip code)		

9. Proposed Project Period:
From: 10-01-2010
To: 09-30-2011

10. Previous 5-Years Commission Funding For This Project:		11. Demographic Impact: Area Served by Project (Counties/Cities)
Grant #:05-VA-224	Amount \$30,000.00	Grand Island/Hall County
Grant #:06-VA-237	Amount \$35,000.00	Grand Island/Hall County
Grant #:07VA-237	Amount \$33,684.00	Grand Island/Hall County
Grant #:08-VA-225	Amount \$27,907.00	Grand Island/Hall County
Grant #:09-VA-230	Amount \$45,116.00	Grand Island/Hall County

12. Type of Agency:	13. Funds will be used primarily to:
<input type="checkbox"/> State Agency	<input type="checkbox"/> Expand services into a new geographic area
<input checked="" type="checkbox"/> Unit of Local Government	<input type="checkbox"/> Offer new types of services
<input type="checkbox"/> Private Non-Profit	<input type="checkbox"/> Serve additional victim populations
<input type="checkbox"/> Native American Tribe or Organization	<input checked="" type="checkbox"/> Continue existing services to crime victims
<input type="checkbox"/> Other:	<input type="checkbox"/> Other

14. If Awarded, These Funds Will:

☐ Create New Service/Activity
☐ Enhance Existing Program not funded by VOCA in previous years
☒ Continue Existing Program funded by VOCA in previous years
☐ Technology

15. Identify types of victims to be served with requested Victim Assistance funds and match funds.

<input checked="" type="checkbox"/> Child Abuse/Physical	<input checked="" type="checkbox"/> Elder Abuse
<input checked="" type="checkbox"/> Child Abuse/Sexual	<input checked="" type="checkbox"/> Adult Survivors of Incest or Child Sexual Abuse
<input checked="" type="checkbox"/> DUI/DWI Victims	<input checked="" type="checkbox"/> Survivors of Homicide Victims
<input checked="" type="checkbox"/> Domestic Violence Victims	<input checked="" type="checkbox"/> Robbery
<input checked="" type="checkbox"/> Adult Victims/Sexual Assault	<input checked="" type="checkbox"/> Assault
<input checked="" type="checkbox"/> Other - (non-Business) Burglary, Arson Protection Order, Hate Crimes, Stalking	Terroristic Threats, Vulnerable Adult Abuse, Theft, Criminal Mischief, Intimidation by Phone

16. Agency Staff / Volunteers	# Part Time	# Full Time
Total number of agency volunteers, excluding Board members	4	0
Total number of paid agency staff	0	1
Number of volunteers that support <u>this project only</u>	4	0
Number of paid staff for <u>this project only</u>	0	1

17. Check the services to be provided by the Victim Assistance Funds and match funds.	
<input type="checkbox"/> Crisis Counseling	<input checked="" type="checkbox"/> Information/Referral
<input checked="" type="checkbox"/> Follow-up Contact	<input checked="" type="checkbox"/> Criminal Justice Advocacy
<input type="checkbox"/> Therapy	<input type="checkbox"/> Emergency Financial Assistance
<input type="checkbox"/> Group Treatment	<input type="checkbox"/> Emergency Legal Advocacy
<input type="checkbox"/> Crisis Hotline	<input checked="" type="checkbox"/> Assist with Filing Compensation Claims
<input type="checkbox"/> Shelter/Safe Home	<input checked="" type="checkbox"/> VINE assistance to victims
<input checked="" type="checkbox"/> Personal Advocacy	<input checked="" type="checkbox"/> Telephone Contacts (Information and Referral)
<input checked="" type="checkbox"/> Other: Transportation, Victim Impact Statement Assistance, Court Accompaniment	

18. Board Members:

- ☐ Private Non-profit Agencies
 Attach a list of board members, including the agency they represent, addresses and telephone numbers.
Attach to the end of this application

19. Total Agency Budget: please enter from budget. \$62,487.00

A) Private non-profit agency funded by the Department of Health & Human Services: please provide a copy of the Financial Report; form #DSS-48, and the monthly financial Statement of Accounts, form #DSS-6-900, submitted to the Department of Health & Human Services for the month of December 2008. Attach to the end of this application

B) Applicants not financially supported by the Nebraska Department of Health and Human Services: provide a listing of all financial supporters, the total amount of their support, and how the funds are used for this project.

Financial Supporters	Total Amount	How funds are used
VOCA Grant	\$ 49,343	Staff Salary/Benefits/Provide Direct Service
City of Grand Island	\$ 10,346	Supplies/Office Space/Support Staff
Hall County	\$ 985.00	Computer User Fees
Volunteer (s)	\$ 1,813	Provide Direct Services

C) All applicants: provide a listing of existing facilities, equipment and personnel, which will be committed to the operation of this project.

Facilities	Is this committed to the operation of the project?				Equipment/Personnel	Is this committed to the operation of the project?			
Office Space	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Project Director	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Fiscal Officer	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Project Coordinator	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Part-time Advocate	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Volunteer (s)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Computer System	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Office Furniture	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Telephone System	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Additional Comments:

RESOLUTION 2010-122

WHEREAS, the Police Department of the City of Grand Island received notification of the grant application period for the 2010 Victim of Crime Act from the Nebraska Crime Commission; and

WHEREAS, the grants awarded are for local victim assistance programs; and

WHEREAS, the this application covers October 1, 2010 through September 30, 2011;
and

WHEREAS, any grant award will be brought to council for acceptance; and

WHEREAS, the Mayor of the City of Grand Island is required to sign the grant application as the City's Executive Officer.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND COUNCIL OF THE CITY OF GRAND ISLAND, NEBRASKA, that the grant application prepared by the police department for submission to the Nebraska Crime Commission is hereby approved.

BE IT FURTHER RESOLVED, that the Mayor is hereby authorized and directed to execute such grant application on behalf of the City of Grand Island.

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Adopted by the City Council of the City of Grand Island, Nebraska, April 27, 2010.

Margaret Hornady, Mayor

Attest:

RaNae Edwards, City Clerk

Approved as to Form	☐ _____
April 22, 2010	☐ City Attorney