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**Agency Name:** Hidalgo County  
**Grant/App:** 3596401 **Start Date:** 9/1/2018 **End Date:** 8/31/2019

**Project Title:** Victims Unit Court Advocate Project  
**Status:** Application Pending Submission

**Profile Information**

**Applicant Agency Name:** Hidalgo County  
**Project Title:** Victims Unit Court Advocate Project  
**Division or Unit to Administer the Project:** Hidalgo County Criminal District Attorney's Office  
**Address Line 1:** 100 E Cano  
**Address Line 2:**  
**City/State/Zip:** Edinburg Texas 78539  
**Start Date:** 9/1/2018  
**End Date:** 8/31/2019

**Regional Council of Governments(COG) within the Project's Impact Area:** Non Profit  
**Headquarter County:** UNDEFINED  
**Counties within Project's Impact Area:**

**Grant Officials:**

**Authorized Official**

**User Name:** Ramon Garcia  
**Email:** ramon.garcia@co.hidalgo.tx.us  
**Address 1:** 302 W. University  
**Address 1:**  
**City:** Edinburg, Texas 78539  
**Phone:** 956-318-2600 **Other Phone:**  
**Fax:** 956-318-2699  
**Title:** Mr.  
**Salutation:** Judge  
**Position:** Hidalgo County Judge

**Project Director**

**User Name:** Ricardo Rodriguez  
**Email:** ricardo.rodriguez@da.co.hidalgo.tx.us  
**Address 1:** Hidalgo County Courthouse  
**Address 1:** 100 N. Clossner, Room 303  
**City:** Edinburg, Texas 78539  
**Phone:** 956-318-2300 **Other Phone:** 956-318-2310  
**Fax:** 956-318-2078  
**Title:** The Honorable  
**Salutation:** Mr.  
**Position:** Criminal District Attorney

**Financial Official**

**User Name:** Ray Eufrazio  
**Email:** ray.eufrazio@auditor.co.hidalgo.tx.us  
**Address 1:** 2808 S. Business Hwy 281  
**Address 1:**  
**City:** Edinburg, Texas 78539  
**Phone:** 956-318-2511 **Other Phone:** 956-318-2535  
**Fax:** 956-318-2577  
**Title:** Mr.  
**Salutation:** Mr.  
**Position:** County Auditor

**Grant Writer**

**User Name:** Rosie Martinez  
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**City:** Edinburg, Texas 78539  
**Phone:** 956-292-7616 **Other Phone:** 956-569-0231  
**Fax:**  
**Title:** Ms.  
**Salutation:** Ms.  
**Position:** Victims Unit Director

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**Grant/App:** 3596401 **Start Date:** 9/1/2018 **End Date:** 8/31/2019

**Project Title:** Victims Unit Court Advocate Project

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**Grant Vendor Information**

**Organization Type:** County

**Organization Option:** applying to provide direct services to victims only

**Applicant Agency's State Payee Identification Number (e.g., Federal Employer's Identification (FEI) Number or Vendor ID):** 746000717

**Data Universal Numbering System (DUNS):**

You are logged in as **User Name:** HidalgoCDA

**Agency Name:** Hidalgo County  
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## Narrative Information

### Introduction

This application is for grants under programs funded under the Victims of Crime Act.

Please read the [funding announcement](#) for program rules and application guidelines and review the *Guide to Grants, Grantee Conditions and Responsibilities* and *Standard Certifications and Requirements* - all available at [CJD's resources webpage](#) - for standard rules and conditions the applicant agrees to when certifying an application.

*How to Apply for a CJD Grant* contains special instructions for this application, and *Developing a Good Project Narrative* is essential reading for drafting effective responses to the nine boxes below in the "Project Narrative" section. Both are also available at [CJD's resources webpage](#), and applicants wishing to receive a grant should review them closely. Applicants that fail to adequately respond to the prompts will NOT be selected by CJD for funding.

Applications for local or regional projects under this announcement will first be reviewed and ranked by the relevant regional Council of Governments' (COG) Criminal Justice Advisory Committee, and some COGs have additional, mandatory application procedures. Applicants should contact their COG's criminal justice planner early as possible for instructions. The local criminal justice planners are also the first, best contact for questions regarding the application or program, and [their contact information can be found here](#).

Unless otherwise specifically instructed, DO NOT UPLOAD ATTACHMENTS with further information. Use the space provided here to address any aspects of the project you consider relevant.

### Program-Specific Questions

#### A. Culturally Competent Victim Restoration

##### Guidance

Victim service providers must have the ability to blend cultural knowledge and sensitivity with victim restoration skills for a more effective and culturally appropriate recovery process. Cultural competency occurs when: (1) cultural knowledge, awareness and sensitivity are integrated into action and policy; (2) the service is relevant to the needs of the community and provided by trained staff, board members, and management; and (3) an advocate or organization recognizes each client is different with different needs, feelings, ideas and barriers.

Provide information in this section regarding how your organization is culturally competent when providing services to victims.

#### B. Culturally Specific and Underserved Populations

##### Guidance

Following are relevant definitions needed to answer this question.

- Underserved populations means populations who face barriers in accessing and using victim services, and includes populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, populations underserved because of special needs (such as language barriers, disabilities, alienage status, or age), and any other population determined to be underserved by the Attorney General or by the Secretary of Health and Human Services, as appropriate.
- Culturally specific means the program is primarily directed toward racial and ethnic minority groups (as defined in section 1707(g) of the Public Health Service Act (42 U.S.C. 300u-6(g)).
- Racial and ethnic minority group means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.
- Hispanic means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

Does your program have a primary focus on serving a culturally specific population? (The organization must do more than merely provide services to an underserved population or culturally specific group; rather, the organization's primary focus must be on providing culturally competent services designed to meet the specific needs of the target population in order to justify a YES response in the section below.)

- Yes
- No

If you answered 'YES' above, you must explain in the box below how your organization's program is specifically designed to focus on and meet the needs of culturally specific populations. If this item does not apply enter 'N/A'.

#### C. Victim Referral Process

Describe how victims are referred to your agency.

#### D. Relevance to Priorities

Provide a brief explanation regarding the proposed project's relevance to any or all of the following priorities. If none of these items apply enter 'N/A'

Improving the criminal justice system response.

Improve court services regarding domestic violence, sexual assault, dating violence, and stalking.

Strengthen victim restoration.

Increase collaboration and communications across all levels of government and among all victims services.

#### E. Sustainment

How many additional years, beyond this request, do you plan to request continuation funding?

1) If you entered three (3) years or fewer, provide a brief explanation of your sustainment plan (if you entered more than three years or the project will not be sustained, enter 'N/A'):

2) If you entered more than three (3) years, explain the longer term sustainment plan or why other resources cannot be used to continue this project and why a sustainment strategy is not possible (if you entered three years or fewer or the project will not be sustained, enter 'N/A'):

#### **F. Rural Victim Services**

Does your project serve victims in rural areas or rural counties, as defined by the Texas Health and Safety Code\*?

\* Texas Health and Safety Code and Title 25, Health Services Section of the Texas Administrative Code, define "rural area" as (1) a county with a population of 50,000 or less; or (2) a relatively large, isolated, and sparsely populated area in a county with a population of more than 50,000.

Yes

No

If you answered 'YES' above, list the counties or areas of service below and their populations to demonstrate how the definition of "rural area" is met. If you answered 'NO' above, enter 'N/A'.

#### **G. Vehicle Purchases**

VOCA applicants seeking grant funds for the purchase of a vehicle must describe below:

- 1) What are the current program transportation needs that will be addressed with vehicle purchases under this project;
- 2) What evidence exists to support the need for transportation funding that is specific to the program site;
- 3) What current transportation services exist at each specific program site and how will these current services be enhanced;
- 4) What transportation services will be provided; and
- 5) How the grantee will ensure the safe transportation of victims/survivors to and from the program site.

If this application does not seek funds for the purchase of a vehicle, enter 'N/A'.

#### **H. Applicants Performing Sexual Assault Forensic Exams**

If an applicant is currently performing sexual assault forensic exams as any part of their current operations, provide the following information regarding the 12 months prior to submitting the application (enter "0" for all fields if the applicant does not currently perform sexual assault forensic exams).

Number of victims referred for an exam that did not complete one:

Number of report exams performed:

Number of non-report exams performed:

#### **I. Evaluation Projects**

This section regards any evaluation budget line item and/or selection of "Program Evaluation" as a project activity.

##### **Tier-One Evaluations**

Evaluations of programs that have been implemented and the evaluations will test the fidelity of the program based on proven models or best-practices. The evaluation also will review available program output and outcome information.

Does this application include a tier-one evaluation?

Yes

No

If you answered 'YES' above, describe below the best practices/model to be used in a fidelity and performance evaluation, the goal(s) of the evaluation, and why it is needed. If you answered 'No' above, enter 'N/A'.

##### **Tier-Two Evaluations**

Evaluations directed at measuring the effectiveness of proposed new program models or significant changes in present program models. The goal of tier-two evaluations is both to measure the program's effectiveness and to produce data and evidence necessary for others to replicate the program models and to develop best practices that CJD can use in supporting similar efforts.

Does this application include a tier-two evaluation?

Yes

No

If you answered 'YES' above, describe below why this new program model is needed and the goal(s) of the evaluation. If you answered 'No' above, enter 'N/A'.

If you answered **NO** to both questions above, check this box.

#### **Certifications**

In addition to the requirements found in existing statute, regulation, and the funding announcement, this program requires applicant organizations to certify compliance with the following:

**A. Forensic Medical Examination Payments**

Health care facilities shall conduct a forensic medical examination of a victim of an alleged sexual assault if the victim arrived at the facility within 96 hours after the assault occurred and the victim consents to the examination. The victim is not required to participate in the investigation or prosecution of an offense as a condition of receiving a forensic medical examination, nor pay for the forensic examination or the evidence collection kit. The evidence collection portion of the exam is to be paid by law enforcement per state law. Crime Victim Compensation funds may be used to pay for the medical portion of the exam unless the victim of sexual assault is required to seek reimbursement for the examination from their insurance carrier. If a health care facility does not provide diagnosis or treatment services for sexual assault victims, the facility is required to refer the victim to a facility that provides those services.

**B. Confidentiality and Privacy**

Applicant agrees to maintain the confidentiality of client-counselor information and research data, as required by state and federal law. Personally identifying information or individual information collected in connection with services requested, utilized, or denied may not be disclosed; or, reveal individual client information without informed, written, reasonably time-limited consent of the person about whom information is sought. If release of information is compelled by statutory or court mandate, reasonable attempts to provide notice to victims affected by the disclosure of information will be made and steps necessary to protect the privacy and safety of the persons affected by the release of information will be taken.

**C. Civil Rights Liaison**

A civil rights liaison who will serve as the grantee's civil rights point of contact and who will be responsible for ensuring that the grantee meets all applicable civil rights requirements must be designated. The designee will act as the grantee's liaison in civil rights matters with CJD and with the federal Office of Justice Programs.

Enter the Name of the Civil Rights Liaison:

Enter the Address for the Civil Rights Liaison:

Enter the Phone Number for the Civil Rights Liaison [(999) 999-9999 x9999]:

**D. Activities that Compromise Victim Safety and Recovery**

Applicant agrees to not engage in activities that jeopardize victim safety, deter or prevent physical or emotional healing for victims, or allow offenders to escape responsibility for their actions.

**E. Legal Assistance for Victims (LAV) Certification**

The applicant certifies that it meets the following federal statutory requirements in regards to the provision of legal advocacy:

- (1) Any person providing legal assistance through a program funded under this VAWA Program
  - (a) has demonstrated expertise in providing legal assistance to victims of domestic violence, dating violence, sexual assault or stalking in the targeted population; or
  - (b) is partnered with an entity or person that has demonstrated expertise described in subparagraph (A) and has completed or will complete training in connection with domestic violence, dating violence, sexual assault or stalking and related legal issues, including training on evidence-based risk factors for domestic and dating violence homicide.
- (2) Any training program conducted in satisfaction of the requirement of paragraph (1) has been or will be developed with input from and in collaboration with a state, local, territorial, or tribal domestic violence, dating violence, sexual assault, or stalking victim service provider or coalition, as well as appropriate tribal, State, territorial, and local law enforcement officials.
- (3) Any person or organization providing legal assistance through a program funded under this Program has informed and will continue to inform state, local, or tribal domestic violence, dating violence or sexual assault programs and coalitions, as well as appropriate State and local law enforcement officials of their work.
- (4) The grantee's organizational policies do not require mediation or counseling involving offenders and victims physically together, in cases where sexual assault, domestic violence, dating violence, or child sexual abuse is an issue.

Does the applicant meet the criteria outlined above?

- Yes
- No

**F. Polygraph Testing Prohibition**

A peace officer or attorney representing the state may not require an adult or child victim of an alleged sex offense to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an offense. In addition, the refusal of a victim to submit to a polygraph or other truth telling examination will not prevent the investigation, charging, or prosecution of an alleged sex offense or on the basis of the results of a polygraph examination.

**G. Protection Orders**

Victims applying for a protective order or their attorney may not bear the costs associated with the filing of an order of protections.

**H. Offender Firearm Prohibition**

Per 18 USC § 992(g), offenders convicted of a felony or misdemeanor level crime of domestic violence and anyone subject to a domestic violence protective order is prohibited from possessing a firearm.

**I. Criminal Charges**

In connection with the prosecution of any misdemeanor or felony domestic violence offense, the victim may not bear the costs associated with the filing of criminal charges against a domestic violence offender, issuance or service of a warrant, or witness subpoena.

**J. Uniform Crime Reports**

Eligible applicants operating a law enforcement agency must be current on reporting Part I violent crime data to the Texas Department of Public Safety for inclusion in the annual Uniform Crime Report (UCR) and must have been current for the previous year.

**K. Criminal History Reporting**

The county (or counties) in which the applicant is located must have a 90% average on both adult and juvenile criminal history dispositions reported to the Texas Department of Public Safety for calendar years 2011 through 2015.

#### **L. Immigration and Customs Enforcement Requests**

The full text of this certification can be found [here](#). To be in compliance with this requirement, any county or municipal government that includes a department that detains individuals after arrest for a criminal violation must provide a letter signed by the head of each such department certifying to the requirements. This letter may be used for any application submitted to OOG for a period of up to two years from the date it is signed. If that period expires during the project period of any grant, the grantee must submit an updated letter for each such grant to remain in compliance with this requirement.

All applicants must select one of the following options:

Applicant is not a county or municipal government

Applicant is a county or municipal government and does not include any department that detains individuals after arrest for a criminal violation at any time

Applicant is a county or municipal government that includes department(s) that detain individuals after arrest for a criminal violation. Letters certifying compliance and signed by the heads of all such departments have been uploaded to this application.

Applicant is a county or municipal government that includes department(s) that detain individuals after arrest for a criminal violation. The Authorized Official has read the certification found on the aforementioned CJD website. Further, the Authorized Official will not be submitting signed letters certifying compliance from the heads of all such departments and understands that failure to comply with this certification may result in OOG, at its sole discretion, rejecting this application and any other application from the relevant county or municipal government.

#### **M. Immigration Legal Services**

CJD prioritizes funding of projects that provide a full spectrum of counseling, crisis services, and other direct victim services. CJD will not fund projects that focus primarily on immigration legal services and do not provide a significant level of other types of victim services.

#### **N. Services to Victims of Crime**

Applicant agrees to provide services to victims of crime which include: responding to the emotional and physical needs of crime victims; assisting victims in stabilizing their lives after victimization; assisting victims to understand and participate in the criminal justice system; and providing victims with safety and security. If the application is for a project that serves victims of sexual assault, applicant agrees to provide services to victims of sexual assault which includes providing core services, direct intervention, and related assistance to victims of sexual assault in order to assist with their recovery from the physical and psychological trauma of rape and sexual assault.

#### **O. Volunteers**

If awarded VOCA funds, applicant agrees to use volunteers to support either the project or other agency-wide services/activities, unless CJD determines that a compelling reason exists to waive this requirement.

#### **P. Crime Victims' Compensation**

Applicant agrees to assist crime victims in applying for crime victims' compensation benefits.

#### **Q. Community Efforts**

Applicant agrees to promote community efforts to aid crime victims. Applicants should promote, within the community, coordinated public and private efforts to aid crime victims. Coordination efforts qualify an organization to receive these funds, but are not activities that can be supported with these funds.

#### **R. Records**

Applicant agrees to maintain daily time and attendance records specifying the time devoted to allowable victim services.

#### **S. Civil Rights Information**

Applicant agrees to maintain statutorily required civil rights statistics on victims served by race, national origin, sex, age, and disability of victims served, within the timeframe established by CJD. This requirement is waived when providing services, such as telephone counseling, where soliciting the information may be inappropriate or offensive to the crime victim.

#### **T. Victims of Federal Crime**

Applicant agrees to provide equal services to victims of federal crime. (Note: Victim of federal crime is a victim of an offense that violates a federal criminal statute or regulation; federal crimes also include crimes that occur in an area where the federal government has jurisdiction, such as Indian reservations, some national parks, some federal buildings, and military installations.)

#### **U. No Charge**

Applicant agrees to provide grant-funded services at no charge to victims of crime. Applicants are also prohibited from billing Crime Victims Compensation, private insurance, Medicaid, or Medicare for services provided using VOCA funds.

#### **V. Discrimination**

Applicant agrees not to discriminate against victims because they disagree with the State's prosecution of the criminal case.

#### **W. Effective Services**

Applicants applying for funds to provide victim services must demonstrate a record of providing effective services to crime victims. If the applicant cannot yet demonstrate a record of providing effective services, the applicant must demonstrate that at least 25 percent of its financial support comes from non-federal sources. (See "Capacity & Capabilities" instructions in the Funding Announcement.)

#### **Overall Certification**

Each applicant agency must certify to the specific requirements detailed above as well as to comply with all requirements within the CJD Funding Announcement, the *Guide to Grants*, the *Grantee Conditions and Responsibilities*, any authorizing or applicable state and federal statutes and regulations to be eligible for this program.

I certify to all of the application content & requirements.

**Project Abstract :**

**Problem Statement :**

**Supporting Data :**

**Project Approach & Activities:**

**Capacity & Capabilities:**

**Performance Management :**

**Data Management:**

**Target Group :**

**Evidence-Based Practices:**

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## Project Activities Information

### Introduction

This section contains questions about your project. It is very important for applicants to review their funding announcement for guidance on how to fill out this section. Unless otherwise specified, answers should be about the EXPECTED activities to occur during the project period.

For the activities under the "OOG-Defined Project Activity Area" section near the end of this page, see *CJD Grant Activities and Measures* for definitions and related measures, available at [CJD's resources page](#).

### Estimated Individuals Participating/Served/Trained

This question is for the majority of CJD grants that serve or train individuals, or has individuals participating in a program. This question does not apply to projects that ONLY purchase equipment, etc., that will be used generally (such as purchasing a colposcope, vehicle, or communications system), or target the general public (a public awareness campaign, etc.). Please estimate the following for the project period, or if this does not apply to your project, enter "0" in each box.

Number of individuals NEWLY participating/ trained/ being served:

Number of carry-over individuals participating/ training/ being served in the program at the beginning of the project period:

Number of individuals who will receive the full course of services/ successfully complete the program or training:

Choose one:

- My program does not have individuals served or participating
- My program's typical designed (ideal) length is best measured in HOURS of services delivered/ participation/ training for each individual
- My program's typical designed (ideal) length is best measured in DAYS of services delivered/ participation/ training for each individual

Enter the number of hours or days (depending on selection above) of the typical designed (ideal) length of the program for each individual. Enter "0" if you indicated that your program does have individuals participating, served, or trained:

### Special Project Types and Information

Select all special project types that apply to your project.

Task forces: Project will support the operations and coordination activities of a task force.

- Yes
- No

If you answered 'YES' above, enter the name of the task force. If you selected **No**, enter **N/A**.

If you answered 'YES' above, enter the agencies or organizations that participate in the above-named task force. If you selected **No**, enter **N/A**.

Gang activity: Project involves a focus specifically on gang activity.

- Yes
- No

Transnational and organized crime: Project involves a focus specifically on transnational and organized crime.

- Yes
- No

Border activities: Project involves a focus specifically related to the Texas-Mexico border.

- Yes
- No

Human trafficking (select all that apply):

- Project focuses on human trafficking
- Project specifically focuses on trafficking of minors
- Project specifically focuses on trafficking of adults
- Project specifically focuses on sex trafficking
- Project specifically focuses on labor trafficking
- Project does not have any particular focus on human trafficking

### Campus-Based Projects

This project is based on – or serves – one or more specific educational campuses (K-12 or higher education).

How many TOTAL students at ALL campuses will be served by the project? (enter "0" if this project is not based on – or serves – specific educational campuses):

List each educational campus that will be served by this project. Enter 'N/A' if this project is not based on – or serves – specific educational campuses.

### Crime or Victim Type

Select the type(s) of crime or crime victim this project targets and provide the percentage of time dedicated to each. Applicants with projects that target multiple-offense offenders or multiple-victimization victims should assign percentages that best describe the activity. Percentages may not exceed 100%.

- Sexual assault (%):
- Domestic abuse (%):
- Child abuse (%):
- DUI / DWI (crashes for victim services) (%):
- Survivors of homicide (%):
- Assault (%):
- Adults molested as children (%):
- Elder abuse (%):
- Robbery (%):
- Stalking (%):
- Dating/acquaintance violence (%):
- Human trafficking (%):
- Child sex trafficking (%):
- All Other Crimes / No Specific Crimes or Victims Targeted (%):

**Child Sex Trafficking**

This section is only for projects serving victims of child sex trafficking. All others should enter "0" when asked to provide a number.

CJD acknowledges that grantees serving child sex trafficking victims may initially enroll, serve, or assess individuals who are eventually determined to be ineligible for services due to their age. For planning purposes, project the total number of victims expected to be served/enrolled that will be:

- Under the age of 18:
- Ages 18 – 22:
- Over the age of 22:

As a component of your organization’s victim services, do you offer direct medical care to victims?

- Yes
- No

Of the number of victims expected to be served/enrolled (see under Section 1 above), how many victims are projected to be served for:

- Under 6 months:
- 6-12 months:
- Over 12 months:

Estimate figures related to screenings and assessments:

- Number of screenings for child sex trafficking victim status performed:
- Number of individuals screened for child sex trafficking victim status:
- Number of individuals screened with the result of "reason to believe" or "suspicions not confirmed":
- Number of individuals assessed for victim-related needs:
- Multi-disciplinary teams.

- Number of expected regular team meetings:
- Number of estimated emergency team meetings:
- Wrap-around services:

- Number of hours of wrap-around services provided to victims during regular business hours:
- Number of hours of wrap-around services provided to victims outside of regular business hours:
- Respite:

- Number of nights of respite provided to foster children:
- Number of respite episodes facilitated for foster families:

**Selected Project Activities:**

ACTIVITY	PERCENTAGE:	DESCRIPTION
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**CJD Purpose Areas**

PERCENT DEDICATED	PURPOSE AREA	PURPOSE AREA DESCRIPTION
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**Measures Information**

Objective Output Measures

OUTPUT MEASURE	TARGET LEVEL
----------------	--------------

Objective Outcome Measures

OUTCOME MEASURE	TARGET LEVEL
-----------------	--------------

Custom Output Measures

CUSTOM OUTPUT MEASURE	TARGET LEVEL
-----------------------	--------------

Custom Outcome Measures

CUSTOM OUTCOME MEASURE	TARGET LEVEL
------------------------	--------------

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**Budget Details Information**

**Budget Information by Budget Line Item:**

CATEGORY	SUB CATEGORY	DESCRIPTION	OOG	CASH MATCH	IN-KIND MATCH	GPI	TOTAL	UNIT/%
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**Source of Match Information**

**Detail Source of Match/GPI:**

DESCRIPTION	MATCH TYPE	AMOUNT
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**Summary Source of Match/GPI:**

Total Report	Cash Match	In Kind	GPI Federal Share	GPI State Share
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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**Budget Summary Information**

**Budget Summary Information by Budget Category:**

CATEGORY	OOG	CASH MATCH	IN-KIND MATCH	GPI	TOTAL
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**Budget Grand Total Information:**

OOG	CASH MATCH	IN-KIND MATCH	GPI	TOTAL
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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### **Resolution from Governing Body**

Applications from nonprofit corporations, local units of governments, and other political subdivisions must include a resolution that contains the following:

1. Authorization by your governing body for the submission of the application to CJD that clearly identifies the name of the project for which funding is requested;
2. A commitment to provide all applicable matching funds;
3. A designation of the name and/or title of an authorized official who is given the authority to apply for, accept, reject, alter, or terminate a grant (Note: If a name is provided, you must update CJD should the official change during the grant period.); and
4. A written assurance that, in the event of loss or misuse of grant funds, the governing body will return all funds to CJD.

Upon approval from your agency's governing body, upload the approved resolution to eGrants by clicking on the **Upload Files** sub-tab located in the **Summary** tab.

### **Contract Compliance**

Will CJD grant funds be used to support any contracts for professional services?

- Yes
- No

For applicant agencies that selected **Yes** above, describe how you will monitor the activities of the sub-contractor(s) for compliance with the contract provisions (including equipment purchases), deliverables, and all applicable statutes, rules, regulations, and guidelines governing this project.

### **Lobbying**

For applicant agencies requesting grant funds in excess of \$100,000, have any federally appropriated funds been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant loan, or cooperative agreement?

- Yes
- No
- N/A

For applicant agencies that selected either **No** or **N/A** above, have any non-federal funds been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress in connection with this federal contract, loan, or cooperative agreement?

- Yes
- No
- N/A

### **Fiscal Year**

Provide the begin and end date for the applicant agency's fiscal year (e.g., 09/01/20xx to 08/31/20xx).

Enter the Begin Date [mm/dd/yyyy]:

Enter the End Date [mm/dd/yyyy]:

### **Sources of Financial Support**

Each applicant must provide the amount of grant funds expended during the most recently completed fiscal year for the following sources:

Enter the amount (\$) of Federal Grant Funds:

Enter the amount (\$) of State Grant Funds:

### **Single Audit**

Applicants who expend less than \$750,000 in federal grant funding or less than \$750,000 in state grant funding are exempt from the Single Audit Act and cannot charge audit costs to a CJD grant. However, CJD may require a limited scope audit as defined in 2 CFR Part 200, Subpart F - Audit Requirements.

Has the applicant agency expended federal grant funding of \$750,000 or more, or state grant funding of \$750,000 or more during the most recently completed fiscal year?

- Yes
- No

Applicant agencies that selected **Yes** above, provide the date of your organization's last annual single audit, performed by an independent auditor in accordance with the State of Texas Single Audit Circular; or CFR Part 200, Subpart F - Audit Requirements.

Enter the date of your last annual single audit:

## Equal Employment Opportunity Plan

### Type I Entity

Defined as an applicant that meets one or more of the following criteria:

- the applicant has less than 50 employees;
- the applicant is a non-profit organization;
- the applicant is a medical institution;
- the applicant is an Indian tribe;
- the applicant is an educational institution, or
- the applicant is receiving a single award of less than \$25,000.

### Requirements for a Type I Entity

- The applicant is exempt from the EEOP requirements required to prepare an EEOP because it is a Type I Entity as defined above, pursuant to 28 CFR 42.302;
- the applicant must complete Section A of the Certification Form and send it to the Office for Civil Rights (OCR) to claim the exemption from developing an EEOP; and
- the applicant will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services.

### Type II Entity

Defined as an applicant that meets the following criteria:

- the applicant has 50 or more employees, and
- the applicant is receiving a single award of \$25,000 or more, but less than \$500,000.

Requirements for a Type II Entity - Federal law requires a Type II Entity to formulate an EEOP and keep it on file.

- The applicant agency is required to formulate an EEOP in accordance with 28 CFR 42.301, et seq., subpart E;
- the EEOP is required to be formulated and signed into effect within the past two years by the proper authority;
- the EEOP is available for review by the public and employees or for review or audit by officials of CJD, CJD's designee, or the Office of Civil Rights, Office of Justice Programs, U.S. Department of Justice, as required by relevant laws and regulations;
- the applicant will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services; and
- the EEOP is required to be on file in the office of (enter the name and address where the EEOP is filed below):

Enter the name of the person responsible for the EEOP and the address of the office where the EEOP is filed:

### Type III Entity

Defined as an applicant that is NOT a Type I or Type II Entity.

Requirements for a Type III Entity - Federal law requires a Type III Entity to formulate an EEOP and submit it for approval to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice.

- The EEOP is required to be formulated and signed into effect within the past two years by the proper authority;
- the EEOP has been submitted to the Office of Civil Rights (OCR), Office of Justice Programs, U.S. Department of Justice and has been approved by the OCR, or it will be submitted to the OCR for approval upon award of the grant, as required by relevant laws and regulations; and
- the applicant will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services.

Based on the definitions and requirements above, the applicant agency certifies to the following entity type:

- Type I Entity
- Type II Entity
- Type III Entity

## Debarment

Each applicant agency will certify that it and its principals (as defined in 2 CFR Part 180.995):

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal Court, or voluntarily excluded from participation in this transaction by any federal department or agency;
- Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or
- Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in the above bullet; and have not within a three-year period preceding this application had one or more public transactions (federal, state, or local) terminated for cause or default.

Select the appropriate response:

- I Certify
- Unable to Certify

If you selected **Unable to Certify** above, please provide an explanation as to why the applicant agency cannot certify the statements.

## FFATA Certification

**Certification of Recipient Highly Compensated Officers**

The Federal Funding Accountability and Transparency Act (FFATA) requires Prime Recipients (CJD) to report the names and total compensation of each of the five most highly compensated officers (a.k.a. positions) of each sub recipient organization for the most recently completed fiscal year preceding the year in which the grant is awarded if the subrecipient answers **YES** to the **FIRST** statement but **NO** to the **SECOND** statement listed below.

In the sub recipient's preceding completed fiscal year, did the sub recipient receive: (1) 80 percent or more of its annual gross revenue from Federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements; AND (2) \$25,000,000 or more in annual gross revenue from Federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements?

- Yes
- No

Does the public have access to information about the compensation of the senior executives through periodic reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or Section 6104 of the Internal Revenue Code of 1986?

- Yes
- No

If you answered **YES** to the **FIRST** statement and **NO** to the **SECOND** statement, please provide the name and total compensation amount of each of the five most highly compensated officers (a.k.a. positions) within your agency for the current calendar year. If you answered **NO** to the first statement you are **NOT** required to provide the name and compensation amounts. NOTE: "Total compensation" means the complete pay package of each of the sub recipient's compensated officers, including all forms of money, benefits, services, and in-kind payments (see SEC Regulations: 17 CCR 229.402).

Position 1 - Name:

Position 1 - Total Compensation (\$):

Position 2 - Name:

Position 2 - Total Compensation (\$):

Position 3 - Name:

Position 3 - Total Compensation (\$):

Position 4 - Name:

Position 4 - Total Compensation (\$):

Position 5 - Name:

Position 5 - Total Compensation (\$):

You are logged in as **User Name:** HidalgoCDA