

B. Cover Page

1. Applicant Information

a. Applicant Agency's Legal Name & Mailing Address:

Portland Police Bureau/City of Portland
1120 SW Fifth Ave., Rm #1250
Portland, OR 97204
Phone: 5038236819
Fax: 5038235877

b. Physical Address(If different than the mailing address):

c. County:

Multnomah County

d. Additional county(ies) served:

e. Congressional District(s) served: *

- ✓ 1
- 2
- ✓ 3
- 4
- ✓ 5

[Click here to view map](#)

f. Federal ID #:

93-6002236

g. Federal DUNS #:

054971197

h. Current CCR Registry: *

✓ Yes

No

In Process

i. CCR Expiration Date:

2/24/2011

j. Contact Person:

Eileen Roe

k. Contact Information:

Financial Analyst
1120 SW Fifth Avenue, Room 1250
Portland, OR 97204
Phone: (503) 823-6819
E-mail: eileen.roe@portlandoregon.gov

l. Fiscal Contact:

Eileen Roe

m. Fiscal Contact Information:

Financial Analyst
1120 SW Fifth Avenue, Room 1250
Portland, OR 97204
Phone: (503) 823-6819
E-mail: eileen.roe@portlandoregon.gov

n. Website Address:

www.portlandonline.com/police

2. Implementing Agency Type: *

- ✓ Criminal Justice - Government
- Non-Criminal Justice - Government
- Private Non-Profit
- Native American Tribe or Organization
- Other

If Other, please describe:

3. Implementing Agency Sub-Type *

Prosecution

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- Court
- ☒ Law Enforcement
- Hospital
- Rape Crisis
- Shelter
- Religious Organization
- Other

If Other, please describe:

4. Faith Based Organization *

- Yes
- ☒ No

5. Agency Staff & Volunteer Information

- a. Total FTE of paid agency staff: 2*
- b. Total FTE of agency volunteers: 29*

6. Application to serve following VOCA priority category(ies): *

- Domestic Violence
- Sexual Assault
- Child Abuse
- ☒ General Victim Assistance
- Previously Underserved

If Previously Underserved, indicate group:

- Hate/Bias Crimes
- Homicide Survivors
- Non-English speaking, non-majority culture victims
- Victims of Violent Crimes Against the Disabled
- Victims of Violent Crimes Against the Elderly
- Restitution services to victims
- Victims of Violent Crimes Committed by Juveniles
- Other

If Other, please describe:

7. Identify the victims to be served through this VOCA funded project (check all that apply): *

- Child Physical Abuse
- Child Sexual Abuse
- ☒ DUI/DWI Crashes
- Domestic Violence
- Adult Sexual Abuse
- Elder Abuse
- Adults Molested as Children
- ☒ Survivors of Homicide
- ☒ Robbery
- ☒ Assault

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✓ Other Violent Crime

Other

If Other, please describe:

8. Check the services to be provided by this VOCA funded project (please refer to the VOCA Grant Management Handbook for service delivery definitions): *

- ✓ Crisis Counseling
- ✓ Follow-Up Contact
 - Therapy
 - Group Treatment
 - Crisis Hotline
 - Shelter/Safe House
- ✓ Information and Referral (In-Person)
 - Criminal Justice
 - Emergency Financial Assistance
 - Emergency Legal Assistance
- ✓ Assistance in Filing for Compensation
- ✓ Personal Advocacy
- ✓ Information and Referral
 - Other

If Other, please describe:

Organization: Portland Police Bureau/City of Portland

VOCA-NC-2010-PPB-00004

C. Staff Roster

In order to complete your Staff Roster, please go to you "My Organization" page, and then "Organization Details."

✓ By checking this box, I hereby certify that the organization's staff roster is complete and accurate.

Organization Information

Organization: Portland Police Bureau/City of Portland

OI-PPB-00012

Staff Roster

1. **Name:** Deborah Monk
2. **Date Vacant (if applicable):**
3. **Title:** Sr. Administrative Support Specialist
4. **Bicultural/Bilingual (Specify Language/Cultural Capacity):**

5. **Funding for the position**

Funding Source	FTE
VOCA Basic	0.73
Local Government Funds	0.27
Total Position FTE	1

6. **Training Received:**

Title of Training	Date of Training
Director's Day Training	3/31/2010
LEDS recertification	7/1/2009
Active Shooter Review	8/31/2009
Hobble Review/Excited Delirium	7/31/2009
Community Caretaking	5/31/2009

7. **Has SVAA Training Requirement been met?**

- ✓ Yes
- No
- N/A

If yes, date met requirement: 10/15/2006

D. Board of Directors Roster

✓ Not Applicable

1. Name & Contact Information of Board Officer/Member:
2. Affiliation:
3. Training Received (include the month and year):
4. Year Joined Board:
5. Term End Date:

E. Board of Directors Information

✓ Not Applicable

1. Does the agency have current by-laws for the board? *

font Yes

No

In Progress

If In Progress, the expected completion date is:

2. What are the terms and term limits for members of the board?

3. How often does the board meet?

4. What is the board's role within the agency?

5. Do new board members receive training and orientation? What does this include?

6. Is there ongoing training and development for the board? What does this include?

F. Volunteer Information

1. Describe how volunteers and/or student interns will be participating in the proposed VOCA Basic Grant (check all that apply). *
 - ✓ Provide Direct Services to ClientsIf Providing Direct Services, please list services:
 - Provide immediate on-site support (crisis intervention) to those affected by the incident
 - Assist in coordination of additional support and services as needed
 - Act as a liaison between the Portland Police Bureau, victim, family and the community
 - Notify family, friends, school, employer and other appropriate person and/or agency
 - Accompany injured person to emergency facilities, if needed
 - Assist with the follow-up referrals to appropriate agencies including victim assistance programs
 - In the event of a death, assist the family with viewing of their loved ones at the scene of the crime and/or at medical facility
 - In the event of a death, assist with funeral arrangements and attend related services
 - ✓ Provide Administrative support (filing, data entry, etc.)If providing administrative support, please list activities:
filing, help with mailings
Other
If Other, please describe:

2. Describe how the program will:
 - a. Recruit Volunteers (check all that apply): *
 - ✓ Internet/Social Networking Websites/E-mail
 - ✓ Community Events
 - ✓ Radio/Television Public Announcements
 - ✓ Newspaper/Newsletter Ads/Articles
 - Schools and Universities
 - OtherIf Other, please describe:

 - b. Supervise volunteers (check all that apply): *
 - ✓ Volunteer Coordinator will provide scheduling/general oversight
 - ✓ Program staff with whom volunteers are working will provide specific oversight
 - OtherIf Other, please describe:

 - c. Train volunteers (check all that apply): *
 - ✓ Attend formal presentations at applicant agency
 - Attend classes at local college
 - ✓ Self study with printed/electronic materials
 - ✓ One-on-one with agency staff
 - ✓ Job shadowing
 - Victim Assistance Training Online
 - OtherIf Other, please describe:

VOCA Non-Competitive Application

Organization: Portland Police Bureau/City of Portland

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F. Volunteer Information

d. Support volunteers (check all that apply): *

- ✓ Debriefings with Volunteer Coordinator

Frequency:

After each call out if needed

- ✓ Agency mentor
- ✓ Volunteer meetings
- ✓ Volunteer appreciation events

Other

If Other, please describe:

e. Conduct background checks for volunteers (check all that apply): *

- ✓ Oregon State Police
On-Line Services

If on-line service, please specify which:

- ✓ Other

If Other, please describe:

WebLeds, eSwis, Camin, ePPDS

G. Crime Victim Compensation Information

1. What problems, if any, does your agency face in connecting victims with the Crime Victims Compensation Program? *
There are two main barriers preventing victims from receiving financial assistance. The first is that they were somehow involved in the commission of a crime that resulted in their injury or death. The other barrier is that the victim or co-victims were not aware that the assistance/services were available or that the program even existed. In order to educate the public about CRT's existence, we have made available brochures for placement in all precincts, neighborhood establishments and county bureaus.
We would like to allow more public presentations for our volunteers who help crime victims identify their own victimization.
2. Describe how the agency informs eligible victims of crime about the Crime Victim Compensation Program (CVCP) (check all that apply): *
 - ✓ Direct mailing to the victim
 - ✓ Telephone call to the victim
 - ✓ In-person meeting with the victim
 - ✓ OtherIf Other, please describe:
Notification from on the scene law enforcement.
3. What assistance is provided to complete and file the application for CVCP? (check all that apply): *
 - CVCP staff contact information
 - ✓ One-on-one meeting with the victim
 - ✓ Obtain a copy of the police report and mail in the application for the victim
 - ✓ Provide a quiet and private space for the victim to complete the application
 - ✓ Telephone assistance
 - OtherIf Other, please describe:
4. Which staff in the agency are trained and able to provide assistance with CVCP applications? (Check all that apply): *
 - ✓ All
 - ✓ Volunteer Coordinator
 - ✓ Advocates
 - ✓ Volunteers
 - ✓ Director and/or Assistant Director
 - ✓ Administrative Assistants
 - OtherIf Other, please describe:
5. How has staff been trained about the CVCP? (Check all that apply): *
 - ✓ Attended training at DOJ CVSD
 - Trained by co-workers
 - Self taught
 - ✓ Job shadowing/Observation

VOCA Non-Competitive Application

Organization: Portland Police Bureau/City of Portland

VOCA-NC-2010-PPB-00004

G. Crime Victim Compensation Information

Other

If Other, please describe:

H. 2009-2010 Organization/Program Revenue

1. Federal Funds (excluding VOCA & STOP VAWA)

2009-2010 Current Fiscal Year Revenue Amount:
2010-2011 Projected Fiscal Year Budget Amount:

2. VOCA Funds

Fiscal Year 7/1/09-6/30/10 Year 1 - Calculating FTE with just salary: \$54,611 x FTE .73245

Fiscal Year 7/1/10-6/30/11 Year 2 - Calculating FTE with just salary: \$56,140 x FTE .7125

2009-2010 Current Fiscal Year Revenue Amount: \$40,000.00

2010-2011 Projected Fiscal Year Budget Amount: \$40,000.00

3. STOP VAWA Funds

2009-2010 Current Fiscal Year Revenue Amount:
2010-2011 Projected Fiscal Year Budget Amount:

4. State Funds

2009-2010 Current Fiscal Year Revenue Amount:
2010-2011 Projected Fiscal Year Budget Amount:

5. Local Government Funds

General Fund

2009-2010 Current Fiscal Year Revenue Amount: \$110,097.00

2010-2011 Projected Fiscal Year Budget Amount: \$123,396.00

6. Other Funds

2009-2010 Current Fiscal Year Revenue Amount:
2010-2011 Projected Fiscal Year Budget Amount:

2009-2010 Current Fiscal Year Revenue Amount:
2010-2011 Projected Fiscal Year Budget Amount:

2009-2010 Current Fiscal Year Revenue Amount:
2010-2011 Projected Fiscal Year Budget Amount:

I. Project Description

1. Please state the position title(s) and position FTE(s) included in the budget & narrative this information describes (e.g., .25 Advocate).
Senior Administrative Specialist/Volunteer Coordinator
.73 FTE
2. For each position title described above:
 - a. Provide a job description. Go to form K to upload these documents.
 - b. Describe the services and how they will be provided with these funds.
 - Administrative support of and for the Bureau's Crisis Response Team program
 - Provide immediate on-site support (crisis intervention) to those affected by the incident
 - Assist in coordination of additional support and services as needed
 - Act as liaison between the Portland Police Bureau, victim, family, and community (when needed)
 - Notify family, friends, school, work, and any other appropriate person/agency
 - Assist with follow-up referrals to appropriate agencies including victim assistance programs
 - Assist with funeral arrangements and attend related services
 - In the event of death, assist the family in viewing their loved one at the scene
 - c. Describe who will be served with these funds (target population(s)).
Support will be provided to victims and/or their family (co-victim) in the Portland Metropolitan area and friends of victims of violent crimes as follows:
 - * Homicide
 - * Aggravated Assault
 - * Robbery
 - * Sexual Assault
 - * Domestic Violence
 - * Hate and bias-motivated crime
3. Describe how your agency directly links victims whose needs go beyond the agency expertise to the appropriate community partner agencies (access to services).

I. Project Description

When the information-gathering phase has been completed, the responder will assist the family with any notifications that may need to be made to family members, friends, employer, school and/or spiritual leader. The determination will be made as to what other type of immediate services are needed for the family members, including children. These services may include mental health counseling or referral, emergency food and shelter, or clothing. More assessments are made the following day when the responder returns to the family home. This includes explaining and assisting the victim and/or the family to fill out the CVC form as well as make them aware of additional victim services.

As family and friends begin to ask questions, the responders will give adequate answers.

If answers are unknown, the responder will direct the family- to the Volunteer Coordinator, who in turn may direct inquiries to the Program Coordinator. In the event of a death, the responder, the Volunteer Coordinator, the Program Coordinator and a bereavement consultant will meet with the family and begin the process of planning the funeral services.

A team member(s) will accompany the family to the funeral home and cemetery and assist with the entire process. Arrangements may be made for emergency food assistance either from Portland Police Bureau Sunshine Division or local restaurants. If children are part of the victim's family or closely connected to the victim, the responder will suggest the assistance of a children's grief counselor. If it is a parent who has lost a child, the responder may inform them of Parents of Murdered Children. In the event of a criminal investigation into the death, the responder works to ensure a meeting with the Detectives.

The CRT will contact the District Attorney's Victim Advocate assigned to the case to make sure the Advocate and the victim or victim's family have pertinent information.

K. Uploads

1. Application Certification & Certified Assurances *
Please upload your signed Application Certification and Certified Assurances
http://www.cvsdegrants.com/_Upload/5398-certificateassurances.pdf
2. Certification of Non-Supplanting *
Not Applicable
Please upload your signed Certification of Non-Supplanting. Non-profit organizations do not need to sign the Certification of Non-Supplanting.
http://www.cvsdegrants.com/_Upload/5398-certificates-nonsupplanting-.pdf
3. Letter of Authorization *
✓ Not Applicable
Please upload your Letter of Authorization below. Only non-profit organizations are required to provide a Letter of Authorization.
4. Volunteer Position Description or Statement of Duties *
Please upload your Volunteer Position Description or Statement of Duties.
http://www.cvsdegrants.com/_Upload/5398-VolunteerDescription.doc
5. Current Fiscal Year 09-10 Agency/Victim Assistance Program Budget *
Please upload your Current Fiscal Year 09-10 Agency/Victim Assistance Program Budget.
http://www.cvsdegrants.com/_Upload/5398-Budget2009-10.pdf
6. Proposed Fiscal Year 10-11 Agency/Victim Assistance Program Budget *
Will submit at a later date
Please upload your Proposed Fiscal Year 10-11 Agency/Victim Assistance Program Budget.
http://www.cvsdegrants.com/_Upload/5398-BudgetAnalysis2010-11.pdf
7. Job Description(s) for Proposed VOCA Funded Staff *
Please upload a job description for each proposed VOCA funded staff.
http://www.cvsdegrants.com/_Upload/5398-SASJobDescription.doc
8. Memorandum of Understanding *
✓ Not Applicable
Please upload any applicable Memorandum(s) of Understanding.
9. Contracts *
✓ Not Applicable
Please upload a contract with each proposed subcontractor.

VOCA Non-Competitive Application

Organization: Portland Police Bureau/City of Portland

VOCA-NC-2010-PPB-00004

K. Uploads

1. Upload a copy of the application form (VOCA-NC-2010-PPB-00004) to the system. The application form should be in PDF format and should be named "VOCA-NC-2010-PPB-00004.pdf".

2. Upload a copy of the application form (VOCA-NC-2010-PPB-00004) to the system. The application form should be in PDF format and should be named "VOCA-NC-2010-PPB-00004.pdf".

3. Upload a copy of the application form (VOCA-NC-2010-PPB-00004) to the system. The application form should be in PDF format and should be named "VOCA-NC-2010-PPB-00004.pdf".

4. Upload a copy of the application form (VOCA-NC-2010-PPB-00004) to the system. The application form should be in PDF format and should be named "VOCA-NC-2010-PPB-00004.pdf".

5. Upload a copy of the application form (VOCA-NC-2010-PPB-00004) to the system. The application form should be in PDF format and should be named "VOCA-NC-2010-PPB-00004.pdf".

6. Upload a copy of the application form (VOCA-NC-2010-PPB-00004) to the system. The application form should be in PDF format and should be named "VOCA-NC-2010-PPB-00004.pdf".

7. Upload a copy of the application form (VOCA-NC-2010-PPB-00004) to the system. The application form should be in PDF format and should be named "VOCA-NC-2010-PPB-00004.pdf".

L. Personnel

-
1. Staff Name: Deborah Monk
2. Position Title: CRT Senior Administrative Specialist
- | | Year 1 | Year 2 | Total |
|--|-------------|-------------|--------------|
| 3. Salary funded by this grant: | \$40,000.00 | \$40,000.00 | \$80,000.00 |
| Details | | | |
| Year 1 - Calculating FTE with just salary: \$54,611 x FTE .73245 | | | |
| Year 2 - Calculating FTE with just salary: \$56,140 x FTE .7125 | | | |
| 4. Total annual salary for full-time equivalent (1 FTE): | \$54,611.00 | \$56,140.00 | \$110,751.00 |
| 5. Personnel expenses (benefits) funded by this grant: | \$0* | \$0 | \$0 |
| Details | | | |
| No personnel expenses (benefits) will be funded with the grant. | | | |
| 6. Total annual personnel expenses (benefits) for full-time equivalent: | \$25,049.00 | \$26,752.00 | \$51,801.00 |
| 7. FTE funded by this grant: | 0.50 | 0.48 | |
| 8. Of the grant funded amount listed above (questions 3 & 5), how much of the funding is administrative? | \$0* | \$0 | \$0 |
| 9. Administrative FTE funded by this grant: | 0.00 | 0.00 | |
| 10. Personnel Narrative - Please provide a narrative justification for the salary/FTE and personnel expenses shown above: | | | |
| The CRT Senior Admin Specialist will provide immediate on-site support (crisis intervention) to those affected by the incident | | | |
| Assist in coordination of additional support and services as needed | | | |
| Act as liaison between the Portland Police Bureau, victim, family, and community (when needed) | | | |
| Notify family, friends, school, work, and any other appropriate person/agency | | | |
| Assist with follow-up referrals to appropriate agencies including victim assistance program | | | |
| This is an existing position. | | | |

Organization: Portland Police Bureau/City of Portland

VOCA-NC-2010-PPB-00004

M. Services and Supplies

1. Contractual Services

Any contractual services listed here must also be entered on Form O. Proposed Subcontracting and a copy of the contract must be uploaded in Form P. Attachments to Upload

	Year 1	Year 2	Total
Contract Amount:			\$0
Contracted Service:			
Contract Amount:			\$0
Contracted Service:			
Contract Amount:			\$0
Contracted Service:			
Contract Amount:			\$0
Contracted Service:			

2. Travel

	Year 1	Year 2	Total
Total travel costs funded by this grant:			\$0
Please describe how these costs will benefit the project:			

183860

VOCA Non-Competitive Application

Organization: Portland Police Bureau/City of Portland

VOCA-NC-2010-PPB-00004

M. Services and Supplies

3. Training
Government Per Diem Rates

Year One Training	Approximate Date	Number of Attendees	Approximate Cost
-------------------	------------------	---------------------	------------------

Total Year One Training costs:			\$0
--------------------------------	--	--	-----

Organization: Portland Police Bureau/City of Portland

VOCA-NC-2010-PPB-00004

M. Services and Supplies

Year Two Training**Approximate Date****Number of
Attendees****Approximate Cost**

Total Year Two Training costs:

\$0

Total Training costs funded by the
grant:

\$0

VOCA Non-Competitive Application

Organization: Portland Police Bureau/City of Portland

VOCA-NC-2010-PPB-00004

M. Services and Supplies

Please describe how these costs will benefit the project:

	Year 1	Year 2	Total
4. Office Supplies			
Total office supply costs			\$0
funded by this grant:			
Please describe how these costs will benefit the project:			

	Year 1	Year 2	Total
5. Postal Supplies			
Total postage costs			\$0
funded by this grant:			
Please describe how these costs will benefit the project:			

	Year 1	Year 2	Total
6. Printing & Copying			
Total printing and copying			\$0
costs funded by this grant:			
Please describe how these costs will benefit the project:			

	Year 1	Year 2	Total
7. Communication (Telephone, Cell Phone, Internet)			
Total communication			\$0
costs funded by this grant:			
Please describe how these costs will benefit the project:			

	Year 1	Year 2	Total
8. Equipment Rental			
Total equipment rental			\$0
costs funded by this grant:			
Type(s) of equipment rental to be funded by this grant:			

Please describe how these costs will benefit the project:

183860

	Year 1	Year 2	Total
1. Salary			
Type and amount of salary match funds:			
Cash:	\$10,000.00	\$10,000.00	\$20,000.00
Volunteer Hours:			
Volunteer Hourly Rate:			
Volunteer Match:	\$0	\$0	\$0
Match source:			
City of Portland General Fund 25% FTE			
	Year 1	Year 2	Total
2. Personnel Expenses			
Type and amount of personnel expenses match funds:			
Cash:			\$0
In-kind:			\$0
Match source:			
	Year 1	Year 2	Total
3. Contractual Services			
Type and amount of contractual services match funds:			
Cash:			\$0
In-kind:			\$0
Match source:			
	Year 1	Year 2	Total
4. Travel			
Type and amount of travel match funds:			
Cash:			\$0
In-kind:			\$0
Match source:			
	Year 1	Year 2	Total
5. Training			
Type and amount of training match funds:			
Cash:			\$0
In-kind:			\$0
Match source:			
	Year 1	Year 2	Total
6. Office Supplies			
Type and amount of office supply match funds:			
Cash:			\$0
In-kind:			\$0
Match source:			
	Year 1	Year 2	Total
7. Postage			
Type and amount of postage match funds:			
Cash:			\$0
In-kind:			\$0

Match source:

	Year 1	Year 2	Total
8. Printing & Copying			
Type and amount of printing and copying match funds:			
Cash:			\$0
In-kind:			\$0
Match source:			
9. Communication			
Type and amount of communication match funds:			
Cash:			\$0
In-kind:			\$0
Match source:			
10. Equipment Rental			
Type and amount of equipment rental match funds:			
Cash:			\$0
In-kind:			\$0
Match source:			
11. Rent			
Type and amount of rent match funds:			
Cash:			\$0
In-kind:			\$0
Match source:			
12. Emergency services			
Type and amount of emergency services match funds:			
Cash:			\$0
In-kind:			\$0
Match source:			
13. Audit Costs			
Type and amount of audit cost match funds:			
Cash:			\$0
In-kind:			\$0
Match source:			
14. Capital Outlay			
Type and amount of capital outlay match funds:			
Cash:			\$0
In-kind:			\$0
Match source:			

183860

15.	Other	Year 1	Year 2	Total
	Type and amount of other match funds:			
	Cash:			\$0
	In-kind:			\$0
	Match source:			
		Year 1	Year 2	Total
	Type and amount of other match funds:			
	Cash:			\$0
	In-kind:			\$0
	Match source:			
		Year 1	Year 2	Total
	Type and amount of other match funds:			
	Cash:			\$0
	In-kind:			\$0
	Match source:			
16.	Total Match	Year 1 \$10,000.00	Year 2 \$10,000.00	Total \$20,000.00

P. Budget Summary

1. Total VOCA Grant Funds requested: \$80,000.00

2. The 25% Cash and/or In-Kind Match required should equal: \$20,000.00

3. Year One Budget Summary

	VOCA Grant Funds	Cash Match	In-Kind Match	Total Project
Personnel				
Salary	\$40,000.00	\$10,000.00	\$0	\$50,000.00
Personnel Expenses	\$0	\$0	\$0	\$0
Administrative Costs	\$0			\$0
Total Personnel	\$40,000.00	\$10,000.00	\$0	\$50,000.00
Services & Supplies				
Contractual Services	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0
Training	\$0	\$0	\$0	\$0
Office Supplies	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0
Printing & Copying	\$0	\$0	\$0	\$0
Communication	\$0	\$0	\$0	\$0
Equipment Rental	\$0	\$0	\$0	\$0
Total Services	\$0	\$0	\$0	\$0
Other Services				
Rent	\$0	\$0	\$0	\$0
Emergency Services	\$0	\$0	\$0	\$0
Audit Costs	\$0	\$0	\$0	\$0
Capital Outlay	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total Other Services	\$0	\$0	\$0	\$0
Total	\$40,000.00	\$10,000.00	\$0	\$50,000.00

P. Budget Summary

4. Year Two Budget Summary

	VOCA Grant Funds	Cash Match	In-Kind Match	Total Project
Personnel				
Salary	\$40,000.00	\$10,000.00	\$0	\$50,000.00
Personnel Expenses	\$0	\$0	\$0	\$0
Administrative Costs	\$0			\$0
Total Personnel	\$40,000.00	\$10,000.00	\$0	\$50,000.00
Services & Supplies				
Contractual Services	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0
Training	\$0	\$0	\$0	\$0
Office Supplies	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0
Printing & Copying	\$0	\$0	\$0	\$0
Communication	\$0	\$0	\$0	\$0
Equipment Rental	\$0	\$0	\$0	\$0
Total Services	\$0	\$0	\$0	\$0
Other Services				
Rent	\$0	\$0	\$0	\$0
Emergency Services	\$0	\$0	\$0	\$0
Audit Costs	\$0	\$0	\$0	\$0
Capital Outlay	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total Other Services	\$0	\$0	\$0	\$0
Total	\$40,000.00	\$10,000.00	\$0	\$50,000.00

Organization: Portland Police Bureau/City of Portland

VOCA-NC-2010-PPB-00004

P. Budget Summary

5. Total Project Budget Summary

	VOCA Grant Funds	Cash Match	In-Kind Match	Total Project
Personnel				
Salary	\$80,000.00	\$20,000.00	\$0	\$100,000.00
Personnel Expenses	\$0	\$0	\$0	\$0
Administrative Costs	\$0			\$0
Total Personnel	\$80,000.00	\$20,000.00	\$0	\$100,000.00
Services & Supplies				
Contractual & Services	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0
Training	\$0	\$0	\$0	\$0
Office Supplies	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0
Printing & Copying	\$0	\$0	\$0	\$0
Communication	\$0	\$0	\$0	\$0
Equipment Rental	\$0	\$0	\$0	\$0
Total Services	\$0	\$0	\$0	\$0
Other Services				
Rent	\$0	\$0	\$0	\$0
Emergency Services	\$0	\$0	\$0	\$0
Audit Costs	\$0	\$0	\$0	\$0
Capital Outlay	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total Other Services	\$0	\$0	\$0	\$0
Total	\$80,000.00	\$20,000.00	\$0	\$100,000.00

APPENDIX B

CERTIFICATE OF NON-SUPPLANTING

This form assures us that you will not use the sub-grant funds to supplant or replace funds normally available for crime victim assistance. Your fiscal officer signs the certificate.

CERTIFICATION

In acceptance with the provisions of the Victims of Crime Act of 1984 (VOCA), as amended, I hereby certify that federal funds will not be used to supplant or replace funds or other resources that would otherwise have been made available for crime victims assistance.

J. Eileen Roe
Signature of Fiscal Officer

5-10-2010
Date

**ONLY PUBLIC (GOVERNMENT) AGENCIES MUST
COMPLETE THIS PAGE**

APPENDIX C

VICTIMS OF CRIME ACT CERTIFIED ASSURANCES

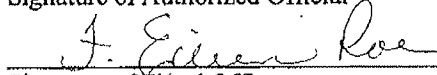
The grantee assures that it will:

1. Utilize VOCA funds only in accordance with Federal and State requirements and not supplant state and local funds otherwise available;
2. Utilize VOCA funds only to provide services to victims of crime;
3. Incorporate the use of volunteers unless a waiver has been obtained from the Oregon Department of Justice;
4. Submit quarterly financial reports;
5. Obtain prior approval from the Oregon Department of Justice CVSD, for purchases not included in the approved budget;
6. Submit reports, at such times, and in such form as may be prescribed by the Oregon Department of Justice, including Performance Reports (form to be provided) documenting the activities supported by sub-grant funds and an assessment of the sub-grant impact;
7. Provide for accounting, auditing and monitoring procedures, and keep such records as prescribed in VOCA regulations and state guidelines so as to assure fiscal control, proper management and efficient disbursement of VOCA funds;
8. Comply with the applicable provisions of the guidelines for crime victim assistance grants, and the requirements of the "Financial and Administrative Guide for Grants," Guideline Manual M7100.1 Office of Justice Programs;
9. Submit financial audit subject to requirements of Office of Management and Budget (OMB) Circular A-110 relating to non-profit organizations or OMB Circular A-133 relating to local government organizations;
10. Collect, and maintain, information on victim services as required (by race, sex, national origin, age and disability); and
11. Comply with all applicable non-discrimination requirements. In the event a federal or state court, or federal or state administrative agency, makes a finding of discrimination after a due process hearing on the grounds of race, color, national origin, sex or disability, against the state, forward a copy of the finding to the Department of Justice, Crime Victims' Services Division, 1162 Court St. NE, Salem, Oregon 97301-4096.

Certification: I certify that I have read and reviewed the above assurances and the grantee will comply with all provisions of the Victims of Crime Act of 1984 (VOCA), as amended, and all other applicable Federal laws.



Signature of Authorized Official



Signature of Fiscal Officer

5.10.10

Date

5-10-2010

Date