

## A. Cover Page

## 1. Applicant Information

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

Portland Police Bureau/City of Portland  
 1120 SW Fifth Ave., Rm #1250  
 Portland, OR 97204-1912  
 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. CCR Expiration Date:

2/13/2013

Not Applicable

## i. Contact Person:

Veronica Nordeen

## j. Contact Information:

Financial Analyst  
 1120 SW Fifth Ave., Rm #1250  
 Portland, OR 97204  
 Phone: (503) 823-5512  
 Fax: (503) 823-5877  
 E-mail: [deedee.baldwin@portlandoregon.gov](mailto:deedee.baldwin@portlandoregon.gov)

## k. Fiscal Contact:

DeeDee Baldwin

## l. Fiscal Contact Information:

Management Analyst  
 1111 SW 2nd Ave., #1406  
 Portland, OR 97204  
 Phone: (503) 823-0331  
 Fax: (503) 823-0975

E-mail: [veronica.nordeen@portlandoregon.gov](mailto:veronica.nordeen@portlandoregon.gov)

## m. Website Address:

[www.portlandonline.com/police](http://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 \*

A. Cover Page

- Prosecution
- 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: 30\*

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

A. Cover Page

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- ✓ Survivors of Homicide
- ✓ Robbery
- ✓ Assault
- ✓ 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 Support/Advocacy
  - Emergency Financial Assistance
  - Emergency Legal Assistance
- ✓ Assistance Filing Compensation Claims
- ✓ Personal Advocacy
- ✓ Information and Referral (Telephone, E-mail, Mail, etc.)
- Other

If Other, please describe:

## Staff Roster

1. Name: Marcianna Jackson  
 2. Date Vacant:  
 3. Title: CRT Program Coordinator/Police Officer  
 4. Bicultural/Bilingual:  
 5. Funding for the position:
- | Funding Source         | FTE |
|------------------------|-----|
| Local Government Funds | 1   |

## 6. Training Received

Title of Training	Date of Training
Portland Street Gangs	09/02/2009
LEDS recertification	07/01/2009
City Attorney Legal Updates	04/23/2009
CPR/First Aid	04/20/2009
Emotional Survival	04/21/2009

7. Has SVAA Training Requirement been met? Yes  
 If Yes, date met requirement: 10/15/2008

- 1. Name: Deborah Monk
- 2. Date Vacant:
- 3. Title: Sr. Administrative Support Specialist
- 4. Bicultural/Bilingual:
- 5. Funding for the position:

Funding Source	FTE
VOCA Basic	0.73
Local Government Funds	0.27

6. Training Received

Title of Training	Date of Training
Director's Day Training	03/31/2010
LEDS recertification	07/01/2009
Active Shooter Review	08/31/2009
Hobble Review/Excited Delirium	07/31/2009
Community Caretaking	05/31/2009

- 7. Has SVAA Training Requirement been met? Yes
- If Yes, date met requirement: 10/15/2006

C. Board of Directors Roster & Information

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Not Applicable

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

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

div 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? If there are no term limits, what, if any, method does the board use to determine when it is time to transition members off 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?**

D. Volunteer Information

VOCA Federal Guidelines require that VOCA funded programs use volunteers (only the VOCA State Administrator can waive this requirement due to agency hardship). Volunteers must play an integral part of the proposed VOCA Grant and enhance services to victims. See the VOCA Grant Management Handbook Effective Edition for more information on the use of volunteers.

1. Describe how volunteers and/or student interns will participate in the proposed VOCA Grant. Please only include information on volunteers associated with this grant. (check all that apply).\*

- ✓ Provide services directly to clients

If providing services directly to clients, 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 clerical/support services directly related to the grant (filing, data entry, etc.)

If providing clerical/support services, you must list services:

- filing
- process mailings

Other

If other, please describe:

2. Describe how the program will 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
- Other

If other, please describe:

3. Describe how the program will supervise volunteers (check all that apply):\*

- ✓ Volunteer Coordinator will provide scheduling/general oversight
- ✓ Program staff with whom volunteers are working will provide specific oversight
- Other

If other, please describe:

D. Volunteer Information

**4. Describe how the program will 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
- Other

If other, please describe:

**5. Describe how the program will 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:

**6. Describe how the program will conduct background checks for volunteers (check all that apply): \***

- Oregon State Police
- On-Line Service

If on-line service, please specify which:

- Other

If other, please describe:

WebLeds, eSwis, Camin, ePPDS

**7. Upload a copy of your agency's policy around accepting volunteers with criminal histories.**

[http://www.cvsdegrants.com/\\_Upload/28190-StatementofPersonalHistoryforvolunteers.docx](http://www.cvsdegrants.com/_Upload/28190-StatementofPersonalHistoryforvolunteers.docx)

**8. Upload a copy of your agency's Volunteer Position Description or Statement of Duties.**

[http://www.cvsdegrants.com/\\_Upload/28190-VolunteerJobDescription2012-2014grant.docx](http://www.cvsdegrants.com/_Upload/28190-VolunteerJobDescription2012-2014grant.docx)



# CITY OF PORTLAND BUREAU OF POLICE

Statement of Personal History

For

## Volunteers



This background check is for applicants who are seeking access to confidential police information and/or LEDS computer data.

Applicant Name: \_\_\_\_\_

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

If you have been fired from a job, have a criminal record, or other derogatory aspects of your life, these items, in themselves, may not keep you from being accepted. However, the intentional omission or falsification of any item will cause your application to be rejected. No matter how qualified you are in other respects, you cannot be selected if your truthfulness is in doubt. For this reason, we encourage you to be open and straightforward as you respond to this questionnaire and in all of your dealings with the Portland Police Bureau.

All statements in this questionnaire are subject to verification. If the space provided is inadequate, add a supplemental sheet to the back of this form and identify additional information by the section number and question.

You increase your chances of being selected by answering all questions completely and accurately. Any untruthfulness will cause your application to be rejected.

**Section 1. Personal Information:**

Last Name			First Name			Middle Name		
Race		Sex		Date of Birth		Place of Birth		
Street Address								
City			State			Zip Code		
Home Phone No.			Work Phone No.			Pager/Cell No.		E-mail / Other No.
Other Names You Have Used (Maiden Name, Nickname(s), Aliases, etc.)								
Social Security Number						Drivers License Number		
Height		Weight		Hair Color		Eye Color		

**Section 2. Arrest Record:** Have you ever been the subject of a criminal or civil rights investigation or have you been **arrested** or **charged** with any crime or violation?  Yes  No

Date	Place	Subject of Investigation	Disposition

**Section 3. Convictions:** Have you ever been **convicted** of any crime or violation?  Yes  No

Date	Place	Charge	Disposition

**Section 4. Relatives:** List below all parents, stepparents, brothers and sisters, spouse and children. Do not list deceased relatives. List FULL names, please.

Father: \_\_\_\_\_ Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Step Father/Mother: \_\_\_\_\_ Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Complete Name of Brothers/Sisters			Sex	Date of Birth	Complete Home Address
Last	First	Middle			

**Section 4. Continued**

Full Name of Current Spouse,  
Domestic Partner or Significant Other: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Complete Name of Children			Sex	Date of Birth	Complete Home Address
Last	First	Middle			

List ALL Roommates for the Past 5 Years (Other than family members)	Date of Birth	Complete Home Address	Phone
Last	First	Middle	
<b>Have family members / relatives or roommates been arrested? Yes ___ No ___</b>	Date of Birth or age	Charge or nature of investigation	Disposition of charges
<b>Name:</b>			

**Section 5. Residences: List below residence(s) for the past 10 years.**

From		Address
To		City _____ State
From		Address
To		City _____ State
From		Address
To		City _____ State
From		Address
To		City _____ State
From		Address
To		City _____ State

**Section 6. List all states you have lived in since age 16:** \_\_\_\_\_

Section 7. Where will you be working? Check or list all locations by name.

- Justice Center       Central Precinct       North Precinct       East Precinct
- NE Precinct       SE Precinct       Contact Office(s)       Property Room

Other sites (List by name): \_\_\_\_\_

Section 8. What service will you be providing? (i.e., Human Resources, Information Technology, Janitorial, Security, etc.)

Section 9. Personal Profile.

Have you been fired from a job during the past ten years?       Yes  No

If yes, explain why: \_\_\_\_\_  
Employer Name/-  
Address/Phone No. \_\_\_\_\_

Have you resigned from a job to avoid being fired within the past ten years?       Yes  No

If yes, explain why: \_\_\_\_\_  
Employer Name/-  
Address/Phone No. \_\_\_\_\_

Have you used illegal drugs including marijuana?       Yes       No

If yes, list type of drug and frequency of use:

Type of drug:	How many times?	Last usage month/year	Comment
Marijuana	_____	_____	_____
Hashish or THC	_____	_____	_____
Cocaine	_____	_____	_____
Crack (Rock Cocaine)	_____	_____	_____
Hallucinogens	_____	_____	_____
PCP / Angel Dust	_____	_____	_____
Heroin	_____	_____	_____
Other Opiates	_____	_____	_____
Methamphetamine	_____	_____	_____
Other amphetamines	_____	_____	_____
Other illegal drug	_____	_____	_____

How often do you use alcoholic beverages and in what type of settings? \_\_\_\_\_

How many times have you operated a motor vehicle after drinking two or more alcoholic beverages and/or using illegal drugs? None \_\_\_\_\_ 1-3 \_\_\_\_\_ 4-6 \_\_\_\_\_ 7-10 \_\_\_\_\_ more \_\_\_\_\_

Have you applied for a criminal justice position or access to police facilities in the past ten years?  Yes  No

If yes, which agency: \_\_\_\_\_ When? \_\_\_\_\_

Was a background investigation started?  Yes  No Outcome? \_\_\_\_\_

Have you served in the United States Armed Forces? [ ] Yes [ ] No If yes, what type of discharge did you receive?: \_\_\_\_\_

How many traffic citations have you received the past ten years? \_\_\_\_\_  
For what? \_\_\_\_\_

Has your driver license ever been suspended or revoked? [ ] Yes [ ] No When? \_\_\_\_\_  
Why? \_\_\_\_\_

The past ten years how many traffic accidents have you been involved in as the driver? \_\_\_\_\_  
How many were you at fault \_\_\_\_\_.

**Vehicle Operation / Insurance Policy Statement for Volunteers:**

*Concerning insurance covering your activities as a volunteer for the Portland Police Bureau*

As a volunteer, you are not covered by the City of Portland's Worker Compensation program. You are, therefore, urged to have your own health insurance in the event you are injured while performing volunteer activities.

You are covered by the City's General Liability Fund, which will protect you in the event of property damage or accidental injury to the public as a result of your performance of volunteer duties assigned by the Portland Police Bureau.

In addition, should you be asked to drive a City of Portland vehicle as a part of your volunteer duties, you will be covered for property damage or bodily injury to others resulting from a vehicle accident. Again, you should have your own health insurance to cover any injuries to yourself.

If you drive your own vehicle to perform your assigned volunteer duties, the above coverage applies; however, the City of Portland will not be responsible for any damage to your vehicle, and you must carry your own auto insurance for this purpose. The program will make an automatic check of your driver license number with the Oregon Department of Motor Vehicles in order to verify its validity prior to allowing you to drive as a part of your duties volunteering for the Portland Police Bureau.

**Section 10. Character References**

Mailing character references will be part of this background investigation. Please provide a gender designation for each reference. Do not provide all male or all female references, provide a balance. No two references from the same address. List the complete name and address and telephone number for:

**Two close friends**

Name Address Zip Code Telephone #

Name Address Zip Code Telephone #

**Two relatives**

Name Address Zip Code Telephone #

Name Address Zip Code Telephone #

**Two co-workers**

Name Address Zip Code Telephone #

Name Address Zip Code Telephone #

**Two supervisors (most current)**

Name Address Zip Code Telephone #

Name Address Zip Code Telephone #

**Two community contacts or neighbors**

Name Address Zip Code Telephone #

Name Address Zip Code Telephone #

**Two individuals that can vouch for your honesty, truthfulness and integrity**

Name Address Zip Code Telephone #

Name Address Zip Code Telephone #

**Two individuals to vouch for your ability to keep confidential information confidential**

Name Address Zip Code Telephone #

Name Address Zip Code Telephone #

### **Volunteer Job Description**

The Crisis Response Team volunteers may respond to an incident to assist the CRT Program Coordinator, the Senior Administrative Support Specialist, Detectives, Officers and other Bureau members as well as members of the medical community. The purpose is to provide needed support to a victim, their family members and/or a community at large.

Volunteers providing direct services have the listed qualifications:

- Self-motivated, able to work with minimal supervision
- Excellent written and verbal skills
- Demonstrated skills in interpersonal communication, crisis counseling or other related counseling
- Evidence of mental/emotional stability
- Willingness/ability to assist people without imposing oneself or one's own ideological position
- Willingness to work cooperatively with the Portland Police Bureau
- Ability to work around crowds of people (sometimes hostile) and ascertain the potential danger
- Demonstrate knowledge of and/or willingness to learn geographic areas and various resources available within one's community
- Must demonstrate a measure of cultural awareness and respect for the differences of Portland's diverse communities

E. Crime Victim Compensation Information

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1. 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
  - ✓ Other
- If Other, please describe:  
Notification from on the scene law enforcement.
2. 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
  - Other
- If Other, please describe:
3. 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
  - Other
- If Other, please describe:
4. 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
  - Other
- If Other, please describe:  
On-Line SVAA training.
5. 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



E. Crime Victim Compensation Information

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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.

## F. Project Description

1. **Please upload a job description for each proposed VOCA funded staff.**  
[http://www.cvsdegrants.com/\\_Upload/28195-28195-SeniorAdministrativeSpecialistVolunteerCoordinatorfor2012.docx](http://www.cvsdegrants.com/_Upload/28195-28195-SeniorAdministrativeSpecialistVolunteerCoordinatorfor2012.docx)
  
2. **Provide a clear and concise description of the service needs in your community and how funds from this project will address these community needs. You may include local information such as crime problems, crime statistics, underserved, marginalized, oppressed community(ies) and/or Tribal Nations population; estimated number of victims in need of the proposed services; number of clients accessing current services; community culture; and any known barriers to service delivery.**  
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 provide thorough 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, Volunteer Coordinator, Program Coordinator and a bereavement consultant will all 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 (POMC). In the event of a criminal investigation into the death, the responder works to ensure a meeting with the homicide 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.
  
3. **Provide a description of the target population(s) and geographical area to be served. Include a description of the underserved, marginalized, oppressed populations including members of Tribal Nations in the community you serve. Cite the source(s) of how you determined your populations.**  
Our target population is every citizen of the City of Portland, which was 583,776 as listed in the 2010 Census. The Police Bureau serves the citizens of Multnomah, Clackamas and Washington counties.
  
4. **Describe how you will provide meaningful access to underserved, marginalized, oppressed populations and/or Tribal Nation victims. This response should include how**

## F. Project Description

***your agency addresses victim needs through facility accommodation, culture and language and communication barriers.***

In 1993, the citizens of inner North and Northeast Portland communities and the Portland Police Bureau formed a partnership to address the high number of deaths due to gang and drug-related violence and other traumatic incidents. In July 1994 the first Crisis Response Team was established, the North/Northeast Crisis Response Team (NECRT). Within the first year of operation the NECRT responded to approximately 28 calls, ranging from homicide, suicide, SIDs and other traumatic incidents. Because of successful efforts of the NECRT, three other CRT's were established: Asian/Pacific Islander CRT in August 1995, Hispanic CRT in February 1996 and Sexual Minorities CRT in June 1996.

The Portland Police Bureau is one of the first police departments in the nation to form partnerships with its culturally diverse communities to provide support to persons affected by a traumatic incident.

In many situations, first responders to an emergency do not have the resources to provide needed services to victims. As a result, the victims or survivors may feel confused and isolated. This may increase their trauma in an already horrible situation. The CRT can help minimize the effects of the trauma by providing services frequently not available through other means. CRT members have committed themselves to treat all parties with respect for their culture with regard for their physical and emotional health.

The CRT will assist with the following services:

Provide immediate on-site support to those affected by the incident.

Assist with coordination of additional support and services as needed.

Act as a liaison between the Portland Police Bureau, the community at large and family (when needed).

Notify family, friends, school, work and any other appropriate persons or agencies.

Accompany injured person(s) to emergency facilities.

Assist with follow-up referrals to appropriate agencies including victim assistance programs.

Assist with funeral arrangements and attend related services.

Follow-up with victim(s) and family.

Provide bi-lingual volunteer services when needed.

5. **Describe all community partnerships or collaborative working relationships with organizations essential to providing services to victims of crime. Include partnerships essential to delivering competent service to underserved, marginalized, oppressed populations and/or Tribal Nations.**

The Crisis Response Team of the Portland Police Bureau often calls upon other partnerships for referrals when victims need services other than ours. We recommend victims and families to several different organizations that may be of assistance to those who have a particular need. Those organizations are Suicide Bereavement Support, Dougy Center, Brain Injury Support Services, Parents of Murdered Children, Abuse Recovery Ministry Services, NAYA, OHSU, MADD, and Resolutions Northwest to name a few.

**2012 VOCA Basic Grant****Job Description****Senior Administrative Specialist/Volunteer Coordinator Statement of Duties**

The Senior Administrative Specialist (SAS)/Volunteer Coordinator is responsible for providing administrative support to the Crisis Response Team in a variety of capacities: Maintains all databases and files, maintains close interaction with volunteers, and draws up on-call schedules for all teams and units.

The SAS assists the Program Coordinator by supervising volunteers that respond to traumatic incidents, i.e., homicides, suicides, sudden unexpected deaths, serious assaults and/or community unrest, as well as attends community events. The Senior Administrative Specialist/Volunteer Coordinator, along with CRT members, may respond to an incident to assist Detectives, Officers and other Bureau members as well as the medical community in providing needed support to a victim, their family members and/or the community at large.

**Qualifications**

- Self-motivated, able to work with minimal supervision
- Demonstrate ability to work with people from various socio-economic, ethnic, religious and sexual orientation backgrounds
- Demonstrate a strong interest in community policing and the value of service orientation
- Ability to work with others of various religious backgrounds, civic and community leaders and community-based organizations
- Knowledge of and/or familiarity with working with victims'/families involved in gang, drug and other street life culture
- Ability to effectively work with other Portland Police Bureau divisions or units and other law enforcement agencies
- Skill to mediate, problem solve and diffuse tension
- Ability to work long hours and be on-call
- Excellent written and verbal communication skills

**G. Proposed Subcontracting**

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Not Applicable

1. **Name of Proposed Subcontractor:**
2. **Amount/Fund of Proposed Subcontract:**
3. **Purpose of Subcontract:**
4. **Upload a copy of the contract with this subcontractor.**
5. **Is this a new subcontract?**  
Yes            No
6. **How did you determine that services are needed in your community?**
7. **How does subcontracting improve access to services (as compared to providing services yourself)?**
8. **Additional applicant comments or information (not required or necessary):**

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H. Uploads

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**1. Certified Assurances \***

Please upload your signed Certified Assurances.

[http://www.cvsdegrants.com/\\_Upload/29497-4494\\_001.pdf](http://www.cvsdegrants.com/_Upload/29497-4494_001.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/29497-Pagesfrom4494\\_001.pdf](http://www.cvsdegrants.com/_Upload/29497-Pagesfrom4494_001.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. Memorandum of Understanding \***

✓ Not Applicable

Please upload any applicable Memorandum(s) of Understanding.

**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 for purchases not included in the approved budget or purchases resulting in expenditures which exceed twenty percent (20%) of the amount budgeted for each major budget category;
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-128 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 statutorily-imposed nondiscrimination requirements and Department of Justice Regulations which prohibit discrimination on the basis of race, color, national origin, sex, age, religion and disability. Those nondiscrimination laws and provisions include: the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d); the Victims of Crime Act (42 U.S.C. § 10604(e)); The Juvenile of

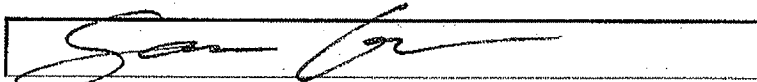
Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000d); the Rehabilitation Act of 1973 (29 U.S.C. § 794); the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34); the Education Amendments of 1972 (20 U.S.C. §§ 1681, 1683, 1685-86); the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); and Ex. Order 13279 (equal protection of the laws for faith-based organizations and beneficiary protection from discrimination on the basis of religious belief) as well as their implementing Department of Justice Regulations: 28 C.F.R Part 38; Part 54; and Part 42 Subparts C,D,E,G and I.

12. Services to Limited English-Proficient Persons

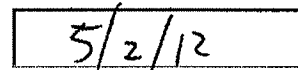
National origin discrimination includes discrimination on the basis of Limited English Proficient Persons (LEP). To ensure compliance with Title VI and the Safe Streets Act, subrecipients are required to take reasonable steps to ensure that LEP persons have meaningful access to their programs. Meaningful access may entail providing language assistance services, including oral and written translation, where necessary. The U.S. Department of Justice has issued Guidance for Sub recipients to assist them in complying with Title VI requirements. The guidance document can be accessed on the Internet at [www.lep.gov](http://www.lep.gov) or by contacting OJP's Office of Civil Rights at (202) 307-0690.

13. In the event that a court or administrative agency makes a finding of discrimination on the grounds of race, color, religion, national origin, sex, disability, or age against a sub recipient after a due process hearing, the sub recipient must agree to forward a copy of the finding to the ODOJ Crime Victims' Services Divisions, 1162 Court St. NE, Salem, Oregon 97301-4096 and to the Office of Civil Rights, OJP, U.S. DOJ, 810 7<sup>th</sup> St. N.W. Washington, D.C. 20531.

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.



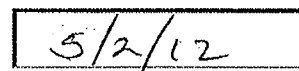
Signature of Authorized Official



Date



Signature of Fiscal Officer



Date



### CERTIFICATE OF NON-SUPPLANTING

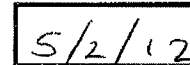
This form assures us that you will not use the sub-grant funds to supplant or replace funds normally available for crime victim assistance. Your fiscal officer signs the certificate.

#### 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.



Signature of Fiscal Officer



Date

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

I. Personnel: Volunteer Coordinator/Senior Administrative Specialist

- 1. Staff Name: Deborah Monk
- 2. Position Title: Volunteer Coordinator/Senior Administrative Specialist

	Year 1	Year 2	Total
3. Salary funded by this grant:	\$40,000.00	\$40,000.00	\$80,000.00

Details

PPB Personnel Cost Estimate spreadsheet, which is located in the PPB Grants file. 2080 hours at \$28.93 for Year 1; 2080 hours at \$29.80 for Year 2. Includes known COLA increase of 3.3% for FY12-13 and projected COLA increase of 3.0% for FY13-14.

4. Total annual salary for full-time equivalent (1 FTE):	\$60,183.00	\$61,989.00	\$122,172.00
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5. Personnel expenses (benefits) funded by this grant:	\$0*	\$0	\$0
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Details

PPB Personnel Cost Estimate spreadsheet, which is located in the PPB Grants file. 2080 hours at \$28.93 for Year 1; 2080 hours at \$29.80 for Year 2. Includes project TriMet payroll tax and health insurance increases.

	Year 1	Year 2	Total
6. Total annual personnel expenses (benefits) for full-time equivalent:	\$25,620.00	\$27,485.00	\$53,105.00

7. FTE funded by this grant:	0.47	0.45	
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	
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- 10. What activities will this staff person perform with the FTE funded by VOCA during the grant period?  
 The Senior Administrative Specialist (SAS)/Volunteer Coordinator is responsible for providing administrative support to the Crisis Response Team in a variety of capacities: Maintains all databases and files, maintains close interaction with volunteers, and draws up on-call schedules for all teams and units. The SAS assists the Program Coordinator by supervising volunteers that respond to traumatic incidents, i.e., homicides, suicides, sudden unexpected deaths, serious assaults and/or community unrest, as well as attends community events. The Senior Administrative Specialist/Volunteer Coordinator, along with CRT members, may respond to an incident to assist Detectives, Officers and other Bureau members as well as the medical community. The purpose is to provide needed support to a victim, their family members and/or the community at large.

J. Services and Supplies

1. Contractual Services

Any contractual services listed here must also be entered on Form H. Proposed Subcontracting.

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

	Year 1	Year 2	Total
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2. Travel

Total travel costs funded by this grant:	\$0	\$0	\$0
--	-----	-----	-----

Please describe how these costs will benefit the project:

J. Services and Supplies

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3. Training  
Government Per Diem Rates

Year One Training	Approximate Date	Number of Attendees	Approximate Cost
			\$0
			\$0
			\$0
			\$0
			\$0
Total Year One Training costs:			\$0



J. Services and Supplies

Please describe how these costs will benefit the project:

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

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

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

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

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

Please describe how these costs will benefit the project:

## K. Other Costs

	Year 1	Year 2	Total
1. Rent			
Total rent costs funded by this grant:	\$0	\$0	\$0
Please describe how these costs will benefit the project:			
2. Emergency Service			
Total emergency services costs funded by the grant:	\$0	\$0	\$0
Please describe how these costs will benefit the project:			
3. Audit Costs			
Total audit costs funded by this grant:	\$0	\$0	\$0
Please describe how these costs will benefit the project:			
4. Capital Outlay (include equipment items that have a useful life of one (1) year or greater OR have a value of \$5,000.00 or more)			
Total capital outlay costs funded by this grant:	\$0	\$0	\$0
Please describe how these costs will benefit the project:			
5. Other			
Other costs funded by this grant:	\$0	\$0	\$0
Description of other costs to be funded by this grant:			
Please describe how these costs will benefit the project:			
Other costs funded by this grant:			
Other costs funded by this grant:	\$0	\$0	\$0
Description of other costs to be funded by this grant:			
Please describe how these costs will benefit the project:			
Other costs funded by this grant:			
Other costs funded by this grant:	\$0	\$0	\$0
Description of other costs to be funded by this grant:			

K. Other Costs

---

Please describe how these costs will benefit the project:



## L. Match

	Year 1	Year 2	Total
1. Salary			
Type and amount of salary match funds:			
Cash:	\$0	\$0	\$0
Volunteer Hours:	0	0	
Volunteer Hourly Rate:	\$0	\$0	
Volunteer Match:	\$0	\$0	\$0
Match source:			
2. Personnel Expenses			
Type and amount of personnel expenses match funds:			
Cash:	\$10,000.00	\$10,000.00	\$20,000.00
In-kind:	\$0	\$0	\$0
Match source:			
Volunteer Coordinator's personnel expenses in excess of \$80,000. City of Portland General Fund appropriations.			
3. Contractual Services			
Type and amount of contractual services match funds:			
Cash:	\$0	\$0	\$0
In-kind:	\$0	\$0	\$0
Match source:			
4. Travel			
Type and amount of travel match funds:			
Cash:	\$0	\$0	\$0
In-kind:	\$0	\$0	\$0
Match source:			
5. Training			
Type and amount of training match funds:			
Cash:	\$0	\$0	\$0
In-kind:	\$0	\$0	\$0
Match source:			
6. Office Supplies			
Type and amount of office supply match funds:			
Cash:	\$0	\$0	\$0
In-kind:	\$0	\$0	\$0
Match source:			

L. Match

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

L. Match

Type and amount of audit cost match funds:

Cash:	\$0	\$0	\$0
In-kind:	\$0	\$0	\$0
Match source:			

	Year 1	Year 2	Total
14. Capital Outlay			
Type and amount of capital outlay match funds:			
Cash:	\$0	\$0	\$0
In-kind:	\$0	\$0	\$0
Match source:			

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

	Year 1	Year 2	Total
Type and amount of other match funds:			
Cash:	\$0	\$0	\$0
In-kind:	\$0	\$0	\$0
Match source:			

	Year 1	Year 2	Total
Type and amount of other match funds:			
Cash:	\$0	\$0	\$0
In-kind:	\$0	\$0	\$0
Match source:			

	Year 1	Year 2	Total
16. Total Match	\$10,000.00	\$10,000.00	\$20,000.00

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## VOCA Non-Competitive Application 2012

Organization: Portland Police Bureau/City of Portland

VOCA-NC-2012-PPB-00020

## M. Budget Summary

1. Total VOCA Grant Funds requested:
2. The 25% Cash and/or In-Kind Match required should equal:
3. Year One Budget Summary

	VOCA Grant Funds	Cash Match	In-Kind Match	Total Project
Personnel				
Salary	\$40,000.00	\$0	\$0	\$40,000.00
Personnel Expenses	\$0	\$10,000.00	\$0	\$10,000.00
Administrative Costs	\$0			\$0
<b>Total Personnel</b>	<b>\$40,000.00</b>	<b>\$10,000.00</b>	<b>\$0</b>	<b>\$50,000.00</b>
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
<b>Total Services</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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
<b>Total Other Services</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total</b>	<b>\$40,000.00</b>	<b>\$10,000.00</b>	<b>\$0</b>	<b>\$50,000.00</b>

## VOCA Non-Competitive Application 2012

Organization: Portland Police Bureau/City of Portland

VOCA-NC-2012-PPB-00020

## M. Budget Summary

## 4. Year Two Budget Summary

	VOCA Grant Funds	Cash Match	In-Kind Match	Total Project
Personnel				
Salary	\$40,000.00	\$0	\$0	\$40,000.00
Personnel Expenses	\$0	\$10,000.00	\$0	\$10,000.00
Administrative Costs	\$0			\$0
<b>Total Personnel</b>	<b>\$40,000.00</b>	<b>\$10,000.00</b>	<b>\$0</b>	<b>\$50,000.00</b>
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
<b>Total Services</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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
<b>Total Other Services</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total</b>	<b>\$40,000.00</b>	<b>\$10,000.00</b>	<b>\$0</b>	<b>\$50,000.00</b>

## M. Budget Summary

## 5. Total Project Budget Summary

	VOCA Grant Funds	Cash Match	In-Kind Match	Total Project
Personnel				
Salary	\$80,000.00	\$0	\$0	\$80,000.00
Personnel Expenses	\$0	\$20,000.00	\$0	\$20,000.00
Administrative Costs	\$0			\$0
<b>Total Personnel</b>	<b>\$80,000.00</b>	<b>\$20,000.00</b>	<b>\$0</b>	<b>\$100,000.00</b>
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
<b>Total Services</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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
<b>Total Other Services</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total</b>	<b>\$80,000.00</b>	<b>\$20,000.00</b>	<b>\$0</b>	<b>\$100,000.00</b>

Description: PPB Personnel Cost Estimate Spreadsheet

File name: [http://www.cvsdegrants.com/\\_Upload/31708-DeborahMonkPersonnelCostEstimate.xlsx](http://www.cvsdegrants.com/_Upload/31708-DeborahMonkPersonnelCostEstimate.xlsx)

Comments:

Spreadsheet calculates Wages and Benefits for City of Portland employees.

Grant-funded Personnel Cost Template

Police Bureau Fiscal Services Div. Budget & Impact Analysis  
 Estimated Cost of Proposed Job Classification

Form revised as of March 2011 - conforms to 2010-14 labor agreement terms

K:\Common\RUZ\FISCAL\RUZ\Grants\VOCA\VOCA 2012-14\Application\Deborah Monk Personnel Cost Estimate.xlsx\Sheet1

Job Descriptions	Rate Used	Est. Length of Job	# of Pos.	PCN	Hrs.	Rate	Total Salary	Fringe FPD&R	Benefits FPD&R	Fringe Sworn OPSRP*	Fringe Non-Sworn PERS 1&2**	Fringe Non-Sworn OPSRP***	Benefits OPSRP & Non-Sworn	Total Benefits	Total Personnel Cost
<b>Remainder of FY 11-12</b>					2088			0.014500	\$ 10,826	0.229300	0.209818	0.203100	\$ 11,657		
sworn			0	0	320	\$ -	-	-	-	-	-	-	-	-	-
sworn			0	0	320	\$ -	-	-	-	-	-	-	-	-	-
sworn OPSRP *			0	0	320	\$ -	-	-	-	-	-	-	-	-	-
sworn OPSRP *			0	0	320	\$ -	-	-	-	-	-	-	-	-	-
non-sworn PERS - Deborah Monk SAS	28.01	5/7/12 - 6/30/12	1	0	320	\$ 28.01	8,963	-	-	-	1,881	-	1,787	3,667	12,630
non-sworn OPSRP			0	0	320	\$ -	-	-	-	-	-	-	-	-	-

<b>FY 12-13 Annually with a 3.3% COLA &amp; 11.4% Health Cost Increase</b>					2,080	3.3%		0.014500	12,285	0.229300	0.209918	0.238600	12,986		
sworn			0	0	2,080	\$ -	-	-	-	-	-	-	-	-	-
sworn			0	0	2,080	\$ -	-	-	-	-	-	-	-	-	-
sworn OPSRP *			0	0	2,080	\$ -	-	-	-	-	-	-	-	-	-
sworn OPSRP *			0	0	2,080	\$ -	-	-	-	-	-	-	-	-	-
non-sworn PERS - Deborah Monk SAS		7/1/12 - 6/30/13	1	0	2,080	\$ 28.93	60,183	-	-	-	12,634	-	12,986	25,620	85,803
non-sworn OPSRP			0	0	2,080	\$ -	-	-	-	-	-	-	-	-	-

<b>FY 13-14 Annually with a 3.0% COLA &amp; 11.4% Health Cost Increase</b>					2,080	3.0%		0.014500	13,941	0.229300	0.210018	0.238600	14,466		
sworn			0	0	2,080	\$ -	-	-	-	-	-	-	-	-	-
sworn			0	0	2,080	\$ -	-	-	-	-	-	-	-	-	-
sworn OPSRP *			0	0	2,080	\$ -	-	-	-	-	-	-	-	-	-
sworn OPSRP *			0	0	2,080	\$ -	-	-	-	-	-	-	-	-	-
non-sworn PERS - Deborah Monk SAS		7/1/13 - 6/30/14	1	0	2,080	\$ 29.80	61,989	-	-	-	13,019	-	14,466	27,485	89,474
non-sworn OPSRP			0	0	2,080	\$ -	-	-	-	-	-	-	-	-	-

5/2/2012 19:08

\* Sworn hired after 12/31/2006 are part of OPSRP rather than FPD&R for retirement benefits.

\*\* Non-Sworn Public employees hired before 8/29/2003 become part of PERS, unless, with exception lapsed due to a six-month service break.

\*\*\* Non-Sworn Public employees hired on or after 8/29/2003 become part of OPSRP, unless membership was previously established in PERS.

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