



2011 ELDER VICTIMS VOCA PILOT PROGRAM

Recognizing that older victims of crime face unique barriers to receiving assistance, the Ohio Attorney General's Office will fund two pilot projects that provide **emergency services** to elder abuse victims. This is a pilot project funded through the Victims of Crime Act (VOCA) therefore all funds must be used for direct victim services only. Selected programs must be able to provide a 25% match, of cash or "in-kind" such as volunteer hours worked. Applicants may apply for up to \$40,000.

Emergency services are defined as protective services furnished to anyone sixty years of age or older who is handicapped by the infirmities of aging or who has a physical or mental impairment which prevents them from providing for their own care of protection [ORC 5101.60 (B)].

Emergency services include:

- Alternative placement
- Moving
- Food
- Shelter
- Transportation

Question 1: Please provide a brief summary of your proposal. Include your agency's protocol for approving expenditures for emergency services.

Question 2: Briefly describe your organization's mission and experience working with older victims of crime.

Question 3: The complexity of elder abuse cases requires a collaborative response from professionals in the community. Describe how you will collaborate with other agencies during the project.

Each applicant must enter into a formal MOU with at least one law enforcement agency, one prosecutor's office, one nonprofit, nongovernmental domestic violence victim services program or nonprofit, nongovernmental sexual assault program. MOU Must:

- Identify the partners
- Clearly state the roles and responsibilities of each partner to ensure the success of the project
- Demonstrate a commitment on the part of all partners to work together to achieve project goals

Question 4: How will you evaluate the success of the project (qualitatively and quantitatively)?

Question 5: Describe your commitment and capacity to continue the project if future funding from the Ohio Attorney General's Office is no longer available.



STATE OF OHIO
Office of the Attorney General

2011 CERTIFICATIONS

Certification #1

I hereby certify that the data in this application is true and correct and that this document has been authorized by the governing body of the applicant organization.

DULY AUTHORIZED OFFICIAL'S NAME AND TITLE

Name: _____ Title: _____

Signature: _____ Date: _____

DULY AUTHORIZED OFFICIAL'S NAME AND TITLE

Name: _____ Title: _____

Signature: _____ Date: _____

Certification #2

I certify that this application meets all the requirements of the Victims of Crime Act and/or the State Victims Assistance Act, as applicable, and the implementing guidelines and as the applicant will comply with the provisions of the acts and all applicable laws.

DULY AUTHORIZED OFFICIAL'S NAME AND TITLE

Name: _____ Title: _____

Signature: _____ Date: _____

DULY AUTHORIZED OFFICIAL'S NAME AND TITLE

Name: _____ Title: _____

Signature: _____ Date: _____



STATE OF OHIO
Office of the Attorney General

Certification #3

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal Department or agency.
(b) Have not, within a 3-year period preceding this proposal, 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.
(c) Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification.
(d) Have not, within a 3-year period preceding this application/proposal, had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

Further, the applicant recognizes that recipients and sub-recipients of federal grants have been awarded funds to carry out the goals and objectives identified in the grant. These funds are subject to certain regulations, oversight, and audit. In addition, the applicant acknowledges that:

- Grant recipients and sub-recipients are stewards of federal funds.
Grant dollars must be used for their intended purpose.
Sub-recipients must account for cost and justify expenditures (proper accounting and documentation)
Using grant funds for unjust enrichment, personal gain, or other than intended use is a form of theft, subject to criminal and civil prosecution under the laws of the United States.

Federal grant dollars are susceptible to several forms of financial theft, most commonly in the form of specific federal violations, including: Embezzlement, Theft or Bribery concerning programs receiving federal funds, False Statements, False Claims, Mail Fraud and Wire Fraud. Each of these violations of law are subject to criminal prosecution, fines, restitution, and civil penalties.

Suspected grant fraud or abuse should be reported to the Ohio Attorney Generals office or the United States Inspector General. Reports can be made in a confidential manner. The Ohio Attorney Generals Office of Crime Victims Assistance and Prevention requires that all sub-recipients post "Grant Fraud Reporting Contacts Poster" in a public place where all employees have access to contact information.

DULY AUTHORIZED OFFICIAL'S NAME AND TITLE

Name: _____ Title: _____

Signature: _____ Date: _____

DULY AUTHORIZED OFFICIAL'S NAME AND TITLE

Name: _____ Title: _____

Signature: _____ Date: _____

(A) INCOME STATEMENT, BALANCE SHEET AND BUDGETS

1. Nonprofit Organizations & Public Agencies (Attach):

Please attach your AGENCY/ORGANIZATION'S PROJECTED BUDGET for your next fiscal year. Victim Assistance budgets or Victim-Witness budgets should be clearly identifiable. If they are not, a short explanation should be given on how the Victim Assistance budget can be identified within the agency/organization's budget. Be sure that the periods for all fiscal years are identifiable.

2. Budget Revenue Information (In Space Below)

Provide the total dollar amount only of projected revenue to be received by your crime victims program by specific funding source (i.e., **Federal:** VOCA, Title XX, VOCA Recovery Act, VAWA, **State:** SVAA, **Local:** Marriage License Fees, **Other:** foundations, contributions, etc.). The amounts you list must be used by your program to provide direct services to crime victims only.

Name of Source	Projected Revenue 10-1-2010 through 9-30-2011
FEDERAL:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Subtotal _____
STATE:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Subtotal _____
LOCAL:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Subtotal _____
OTHER:	
_____	\$ _____
_____	\$ _____
	Subtotal _____
	TOTAL BUDGET:

BUDGET NARRATIVE

Instructions:

1. BUDGET NARRATIVE:

Prepare and attach a written statement for each cost category requested that gives complete budget detail and any supporting information that relates to the proposed cost. Include an explanation to clarify your calculations.

- PROJECT MATCH IS REQUIRED FOR ALL VOCA GRANTS, AND A CASH MATCH IS REQUIRED FOR EACH VOCA SUPPORTED PERSONNEL POSITION.
- ALL VOCA/SVAA SUPPORTED PERSONNEL POSITIONS MUST HAVE A POSITION DESCRIPTION INCLUDED WITH THE REQUEST ON A SEPARATE PAGE.
- WORKER'S COMPENSATION INFORMATION IS REQUIRED.

A BUDGET NARRATIVE EXAMPLE IS INCLUDED BELOW. **Please do not return this with your application.**

EXAMPLE NARRATIVE:

This grant requests funding for one (1) position.

- Personnel

1) *Victim Advocate* for crimes being prosecuted in ABC County Misdemeanor Court and for unsolved violent crimes. This position is currently held by Jane Doe who has 5 years experience.

A job description is attached on a separate sheet.

a. A 2% pay increase is scheduled for this position beginning January 1, 2011.

	<u>Rate</u>		<u>Hours per Year</u>	<u>Amount</u>
2010	13.50	X	480	\$ 6,480.00
2011	13.77	X	1,600	\$22,032.00

Fringe benefits for this position include Social Security/Medicare, Health Insurance, Unemployment Required Worker's Compensation and Pension. The total cost of fringe benefits for this position is \$8,402.74. Total compensation for this position is \$36,914.74. A cost breakdown of fringe benefits is listed in the budget computation section of this proposal.

BUDGET COMPUTATIONS

Prepare a computation for each cost category requested that gives complete financial detail and any supporting information that relates to the proposed cost category.

- PROJECT MATCH IS REQUIRED FOR ALL VOCA GRANTS, AND A CASH MATCH OF 25% IS REQUIRED FOR EACH VOCA SUPPORTED PERSONNEL POSITION.
- REMINDER:** ALL VOCA SUPPORTED PERSONNEL POSITIONS MUST HAVE A POSITION DESCRIPTION INCLUDED WITH THE REQUEST ON A SEPARATE PAGE.

*Below is an example of how to prepare a personnel computation. Numerous personnel computation sheets are provided. Other cost computation sections follow. Make sure to prioritize all computations as these computations represent your requests for specific funds. **Applicants are responsible for assuring that the figures are accurate.***

1. **PERSONNEL** to be funded with support from

<u>Title</u>	<u>Name/Vacant</u>	<u># of Hours</u>		<u>Hourly Rate</u>	=	<u>Salary</u>
Volunteer Coord.	John Doe	2080	X	8.90		\$18512

<u>Fringe Benefits</u>	<u>% Rate or Monthly Rate</u>		<u>Eligible Wage Amt. or # of Months</u>		<u>Employer's Share of Fringes</u>
PERS (Units of Govern.)		X		=	
Medicare (Units of Govern.)	7.65%	X	\$18512	=	\$1416.17
FICA (Private Agencies)		X		=	
Pension (Name)		X		=	
Health Insurance – Blue Cross	\$99.37	X	12 mos.	=	\$1,192.44
Workers Compensation-Required	.03851	X	\$18512	=	\$712.90
Unemployment Comp. (Contributing Agency Rate Only)	.0725	X	\$9,000.00	=	\$652.50
Other – Life & Dental	\$29.49	X	12 mos.	=	\$353.88

Fringes Subtotal = \$4327.89
Salary + Fringes = \$22839.89

List the full hourly rate of this position _____

In this example, the position is partially funded by VOCA. The rate of \$8.90/hr is only the VOCA portion of the rate. Another funding source provides \$3.50/hr of the total \$12.40/hr rate.

BUDGET COMPUTATION Worksheets

Applicants are responsible for assuring that the figures are accurate.

ALL VOCA POSITIONS REQUIRE A 25% CASH MATCH

1a. **PERSONNEL** to be funded with support from

<u>Title</u>	<u>Name/Vacant</u>	<u># of Hours</u>	<u>Hourly Rate</u>	<u>Salary</u>
			X	=
<u>Fringe Benefits</u>	<u>% Rate or Monthly Rate</u>		<u>Eligible Wage Amt. or # of Months</u>	<u>Employer's Share of Fringes</u>
PERS (Units of Govern.)			X	=
Medicare (Units of Govern.)			X	=
FICA (Private Agencies)			X	=
Pension			X	=
Health Insurance			X	=
Workers Compensation- Required			X	=
Unemployment Comp. (Contributing Agency Rate Only)			X	=
Other			X	=
			Fringes Subtotal =	
			Salary + Fringes =	

List the full hourly rate of this position including all funding sources: \$ _____

BUDGET COMPUTATION Worksheets

Applicants are responsible for assuring that the figures are accurate.

ALL VOCA POSITIONS REQUIRE A 25% CASH MATCH

1b. **PERSONNEL** to be funded

<u>Title</u>	<u>Name/Vacant</u>	<u># of Hours</u>	<u>Hourly Rate</u>	<u>Salary</u>
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		X		=
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<u>Fringe Benefits</u>	<u>% Rate or Monthly Rate</u>	<u>Eligible Wage Amt. or # of Months</u>	<u>Employer's Share of Fringes</u>
------------------------	-------------------------------	--	--

PERS (Units of Govern.)		X		=
Medicare (Units of Govern.)		X		=
FICA (Private Agencies)		X		=
Pension		X		=
Health Insurance		X		=
Workers Compensation- Required		X		=
Unemployment Comp. (Contributing Agency Rate Only)		X		=
Other		X		=

Fringes Subtotal =

Salary + Fringes =

List the full hourly rate of this position including all funding sources: \$ _____

BUDGET COMPUTATION Worksheets

2. CONSULTANTS to be funded

a. Name	Service	Hourly Fee	X	Time	Cost
_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	X	_____	= \$ _____
Consultant Subtotal = \$					_____

b. Explanation for Selection:

3. CONTRACT HELP to be funded

a. Name	Service	Hourly Fee	X	Time	Cost
_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	X	_____	= \$ _____
Contract Subtotal = \$					_____

b. Explanation for Selection:

4. TELEPHONE to be funded

Phone Equipment	Cost	Mo. Cost	X	Time	Cost
_____	\$ _____	_____	X	_____	= \$ _____
_____	\$ _____	_____	X	_____	= \$ _____
_____	\$ _____	_____	X	_____	= \$ _____
_____	\$ _____	_____	X	_____	= \$ _____
Telephone Subtotal = \$					_____

5. EQUIPMENT to be funded

REMINDER: \$2000 Limit

Equipment	Cost	Mo. Cost	X	Time	Cost
_____	\$ _____	_____	X	_____	= \$ _____
_____	\$ _____	_____	X	_____	= \$ _____
_____	\$ _____	_____	X	_____	= \$ _____
_____	\$ _____	_____	X	_____	= \$ _____
Equipment Subtotal = \$					_____

6. FURNISHINGS to be funded
REMINDER: \$2000 Limit

Furnishings	Cost	Mo. Cost	Time	Cost
_____	\$ _____	_____	X _____	= \$ _____
_____	\$ _____	_____	X _____	= \$ _____
_____	\$ _____	_____	X _____	= \$ _____
_____	\$ _____	_____	X _____	= \$ _____
				Subtotal = \$ _____

7. SUPPLIES

Item	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Supplies Subtotal = \$ _____	

8. UTILITIES to be funded

Item	Cost/Mo.		Time	Cost
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____
Utilities Subtotal				= \$ _____

9. PRINTING OF BROCHURES/POSTERS to be funded

Item Description	Unit Price		# Printed	Cost
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____
_____	_____	X	_____	= \$ _____
Brochures/Posters Subtotal				= \$ _____

10. **TRAVEL** to be funded
 (Direct Victim Services Only/ \$.45 per mile)

Miles		Rate/Mile	Cost
_____	X	_____	\$ _____
_____	X	_____	\$ _____
_____	X	_____	\$ _____
		Travel Subtotal	\$ _____

11. **OTHER CATEGORIES** to be funded

Important Note: Training includes conference costs and travel up to a maximum of \$.45 per mile. (Examples of items you may request in this category include, but are not limited to: Dues, In-State Training, and Emergency Funds)

Description	Cost
_____	= \$ _____
_____	= \$ _____
_____	= \$ _____
Other/Subtotal	= \$ _____

BUDGET SUMMARY

An example follows on the next page. Do not submit the example.

PROJECT BUDGET SUMMARY for VOCA Funded Projects
For the Funding Period from April 1, 2011- September 30, 2011

Cost category	VOCA Request	Cash Match	In-Kind Match	Total Costs	Source of Match
Personnel					
Consultants					
Contract Help					
Equipment					
Rent					
Telephone					
Supplies					
Groceries					
Utilities					
Travel					
Printing					
Furniture					
Appliances					
Other					
TOTALS					

% of Project _____ + Total Match _____ = 100%

(D) BUDGET SUMMARY *EXAMPLE*

PROJECT BUDGET SUMMARY for VOCA Funded Projects
For the Funding Period from April 1, 2011 - September 30, 2011

Cost category	VOCA Request	Cash Match	In-Kind Match	Total Costs	Source of Match
Personnel	\$17,130	\$5,710	\$333	\$23,173	Un. Way Volunteers
Consultants					
Contract Help					
Equipment					
Rent					
Telephone					
Supplies					
Groceries					
Utilities					
Travel					
Printing	\$1000			\$1000	
Furniture					
Appliances					
Other					
TOTALS	\$18,130	\$5,710	\$333	\$24,173	

% of Project 75% + Total Match 25% = 100%

ASSURANCES

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements – 28 CFR, Part 66, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project. Also, the applicant assures and certifies that it will:

1. Provide an assurance that the program does not have an outstanding debt with a state or federal entity;
2. Submit an annual performance report documenting the activities supported by grant funds, and an assessment of the impact of the grant funds.
3. Assure that Victims Assistance Funds granted under this application will not be used to supplant state and local funds, which would otherwise be available to the crime victims' assistance program.
4. Possess legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
5. Comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
6. Comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et seq.) The recipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government, without the express prior written approval of CVAP and the OJP.
7. Comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, if applicable.
8. Establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
9. Give the sponsoring agency or the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant. The recipient agrees to comply with the organizational audit requirements of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, as further described in the current edition of the OJP Financial Guide, Chapter 19.
10. Comply with all requirements imposed by the Federal sponsoring agency concerning special requirements of law, program requirements, and other administrative requirements.
11. Ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
12. Comply with the flood insurance purchase requirements of Section 102 (a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat. 975, approved December 31, 1976, Section 102 (a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal financial assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
13. Assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et seq.) by (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

14. Comply and assure the compliance of all its subgrantees and contractors, with the applicable provisions of Title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, the Juvenile Justice and Delinquency Prevention Act, or the Victims of Crime Act, as appropriate; the provisions of the current edition of the Office of Justice Programs Financial and Administrative Guide for Grants, M7100.1; and all other applicable Federal laws, orders, circulars, or regulations.

15. Comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure, Part 20, Criminal Justice Information Systems; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 23, Criminal Intelligence Systems Operating Policies; Part 30, Intergovernmental Review of Department of Justice Programs and Activities; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures, and Federal laws or regulations applicable to Federal assistance programs.

16. Comply, and all its contractors will comply, with the non-discrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC 3789(d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Justice Non-Discrimination Regulations, 28 CFR Part 42, Subparts C,D,E, and G; and Department of Justice regulations on disability discrimination, 28 CFR Part 35 and Part 39.

17. Forward a copy of any findings of discrimination made by a Federal or State court or Federal or State administrative agency after a due process hearing to the U.S. Office of Civil Rights Compliance and CVAP.

18. Provide an Equal Employment Opportunity Plan if required to maintain one.

19. Comply with the provisions of the Coastal Barrier Resources Act (P.L. 97-348) dated October 19, 1982 (16 USC 3501 et seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

20. Use appropriate accounting, auditing, and monitoring procedures and maintain records to assure fiscal control, proper management, and efficient disbursement of VOCA/SVAA funds. The recipient agrees to track, account for, and report on all funds from this award separately from all other funds, including each other as well as VOCA Recovery funds (if awarded). The accounting systems of the recipient must ensure that funds from this award are not comingled with funds from any other sources. Further, all personnel, as well as volunteers, whose activities are to be charged to the grant will maintain appropriate timesheets to document hours worked for activities related to this grant and non-grant related activities.

21. Operate with the understanding and agree that misuse of award funds may result in a range of penalties, including suspension of current and future funds, suspension or debarment from both federal and state grants, recoupment of monies provided under a grant award, and civil and/or criminal penalties.

DULY AUTHORIZED OFFICIAL'S NAME AND TITLE

Name: _____ Title: _____

Signature: _____ Date: _____

CIVIL RIGHTS REQUIREMENTS

In addition to the nondiscrimination requirements listed in the certified assurances, applicants must include with their application the name, address, phone number, and email of a civil rights contact person who has lead responsibility in ensuring that all applicable civil rights requirements are met and acts as liaison in civil rights matters with the U.S. Office of Civil Rights Compliance.

NAME OF CIVIL RIGHTS CONTACT PERSON _____

PROGRAM NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

**APPLICATIONS MUST BE COMPLETED AND IN TO THE OHIO ATTORNEY GENERALS OFFICE
BY 5:00 PM FEBURARY 28, 2011:**

**Ohio Attorney General Mike DeWine
Crime Victims Assistance and Prevention
150 E. Gay St. 25th Fl.
Columbus, OH 43215
Attn: Michael Sheline**

Question or concerns can be directed:

**Michael Sheline
VOCA/SVAA Manager
614-644-8392
donald.sheline@ohioattorneygeneral.gov**