

# **9<sup>th</sup> JUDICIAL DISTRICT VICTIM ASSISTANCE AND LAW ENFORCEMENT 2025 GRANT APPLICATION**

**109 8<sup>th</sup> Street, Suite 308, Glenwood Springs, CO 81601      (970)945-8635**

**COMPLETED APPLICATION:** All application pages must be numbered. A complete application with required signatures must be submitted by the application deadline. Do not use font smaller than 12 point. Applications may be submitted via mail or e-mail. A confirmation will be sent to the applicant at the time the documents are received.

**Application Deadline is October 10<sup>th</sup>, 2025 4:00pm.**

**I. APPLICANT AGENCY:**

II. Agency Director: [Click here to enter text.](#)

III. **PROJECT TITLE:** [Click here to enter text.](#)

Project Director: [Click here to enter text.](#)

Mailing Address: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)      Fax: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

IV. **VALE GRANT AMOUNT REQUESTED:** [Click here to enter text.](#)

**V. REQUIRED ATTACHMENTS (Include with all copies):**

- A. Budget Narrative that included justification for requested items (use attached form)
- B. Copy of 501 (c) (3) IRS Tax Ruling (if applicable)
- C. Listing of Board of Directors, Key Officers and/or staff members
- D. If you are requesting funds for personal, you must attach a job description for that position.
- E. Letter of support, if applicable, by providers and non-duplication of services.
- F. Statement of the organization's mission or purpose.

**VI. SPECIFY WHO WILL BE ACCOUNTABLE FOR THIS PROJECT**

## SECTION A: PROJECT CONCEPT/DESIGN

- 1. APPLICANT AGENCY.** Describe the applicant agency. Address the capacity of the agency/project to provide the services outlined in this application.

[Click here to enter text.](#)

- 2. PROBLEM STATEMENT.** Substantiate or quantify the problem your program/project is designed to address specifically within the 9<sup>th</sup> Judicial District. Provide factual and other supportive documentation.

[Click here to enter text.](#)

- 3. PROGRAM / PROJECT DESCRIPTION.** Describe the program/project for which 9<sup>th</sup> Judicial District VALE funds are being requested. Be specific regarding what services VALE funds will provide in the 9<sup>th</sup> Judicial District.

[Click here to enter text.](#)

- 4. GOALS & OBJECTIVES.**

- a. Goals are clear, general statements that highlight what the project is intended to achieve. Please state a minimum of three Goals.

[Click here to enter text.](#)

- b. Objectives reflect what will be accomplished during the grant period.

[Click here to enter text.](#)

**This section must include:**

- **The number of crime victims who will be served in the 9<sup>th</sup> Judicial District.**
- **The specific type of services, which will be provided in the 9<sup>th</sup> Judicial District.**
- **The impact you anticipate the program/project will have in relation to the problem(s) it was designed to address.**
- **Cultural considerations to be included in or addressed by the program/project.**

- 5. ANTICIPATED CHALLENGES / PROBLEMS**

- a. Address what challenges or problems, if any, are anticipated in implementing the program/project goals and objectives.

[Click here to enter text.](#)

- b. What is your plan to address or resolve the anticipated challenges/problems?

[Click here to enter text.](#)

## SECTION B: SERVICE INFORMATION

- 6. TARGET POPULATION AND GEOGRAPHIC AREA.** Define the population and geographic area targeted for services through the program/project.

[Click here to enter text.](#)

## 7. Number of Persons served in 9<sup>th</sup> Judicial District:

Category Outlines	Number of Victims	Identify Source of Information
Current number of victims served to date by the program/project (If currently funded)	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Projected number of victims to be served by the program/project	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

Total Victims estimated to be served during the 12-month period: [Click here to enter text.](#)

Please specify Other Types of Crime: [Click here to enter text.](#)

## 8. CULTURAL CONSIDERATIONS

- a. Briefly describe how the program/project will include and/or address cultural considerations in the delivery of services to victims and witnesses in the 9<sup>th</sup> Judicial District. If applicable, address how you would use grant funding to create or increase cultural considerate services for victims.

[Click here to enter text.](#)

**Cultural considerations are defined as the steps an agency has in place, or plans to put in place, to provide services effectively within the cultural context of an individual or community from a diverse culture/ethnic background.**

- b. Please describe current outreach efforts to diverse culture/ethnic populations in the 9<sup>th</sup> Judicial District conducted by your agency and by the program/project that is requesting 9<sup>th</sup> Judicial District VALE funds. What have been the results of these efforts?

[Click here to enter text.](#)

## 9. DUPLICATION and COORDINATION OF SERVICES.

- a. How will the program/project diminish or eliminate duplication of services to victims in the 9<sup>th</sup> Judicial District?

[Click here to enter text.](#)

- b. How will program/project services be coordinated with similar or like programs/projects that serve victims in the 9<sup>th</sup> Judicial District?

[Click here to enter text.](#)

## 10. MANAGEMENT PLAN

- a. Provide the name, title, and position of the person responsible for the daily operations of the program/project.

[Click here to enter text.](#)

- b. Provide the name, title, and position of the person accountable for the expenditures of 9<sup>th</sup> Judicial District VALE grant funds.

[Click here to enter text.](#)

11. **COST PER VICTIM.** What is the estimated cost per victim/witness served using grant funds? [Click here to enter text.](#)

### SECTION C: EVALUATION INFORMATION

12. **SATISFACTION SURVEYS.** How will you evaluate whether this project has met its stated goals and objectives? [Click here to enter text.](#)

- a. Do you currently survey your clients to determine client satisfaction with the services provided? [Click here to enter text.](#)

If not, how do you plan to determine client satisfaction with the services provided? [Click here to enter text.](#)

### SECTION D: CONSTITUTIONAL AMENDMENT

13. **VICTIM RIGHTS AMENDMENT.** Describe the efforts of your agency to ensure that the crime victims served by your agency fully understand the rights afforded to them by the constitutional amendment.

[Click here to enter text.](#)

- a. List the training provided by agency to all staff and volunteers regarding the Colorado Constitutional Victim Rights Act (VRA) and training on necessary skills.

Date of Training	Training provided by:	Name of Attending Employee
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

### SECTION E: CRIME VICTIM COMPENSATION

14. **PAYMENT FOR SERVICES PURSUANT TO THE CRIME VICTIM COMPENSATION STATUTE (C.R.S. 24-4.1-100)**

- a. Does your agency or the program/project receive reimbursement or payment from the Crime Victim Compensation Program for services provided to victims? [Click here to enter text.](#)

- b. **If yes**, using the statute as a reference, list these services.

[Click here to enter text.](#)

- c. Are any of the services provided by your agency or the program/project eligible for reimbursement or payment by the Crime Victim Compensation Program? [Click here to enter text.](#)

- d. **If yes**, using the statute as a reference, list these services.

[Click here to enter text.](#)

15. **TRAINING ON CRIME VICTIM COMPENSATION**

- a. Does your agency regularly conduct or receive training regarding Crime Victim Compensation for staff and volunteers who provide direct services to victims and witnesses? [Click here to enter text.](#)

- b. List the training provided by agency to all staff and volunteers

regarding Crime Victim Compensation.

Date of Training	Training provided by:	Name of Attending Employee
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

## SECTION F: FINANCIAL INFORMATION

### REQUIRED: THREE SEPARATE BUDGETS & ONE BUDGET NARRATIVE

- **Complete VICTIM ASSISTANCE PROGRAM BUDGET.** This budget reflects all expenses and funding sources for victim services through the requesting agency. Please submit this budget on the given format of your agency.
- **Specific, itemized PROJECT BUDGET.** This budget reflects ONLY the request for 9<sup>th</sup> Judicial District VALE funding consideration. You may use the attached form. This budget must identify each line item utilizing VALE funds and provide exact dollar amounts.
- **Itemized PRIORITY BUDGET.** This priority budget identifies the specific line items that you consider to be essential to provide services if full funding is not provided. Applicants are required to submit a *REDUCED* budget less than the full request that will provide possible areas where budget cuts can be made if necessary. If you are requesting continuation of funding from 2025, identify the essential line items in the priority budget necessary to maintain service at a reduced budget. If the grant application is for a new program, then you are asked to identify those line items that are essential to provide basic level of services and what services may be provided if full funding is not made available. You are also required to include a short summation addressing the specific changes, if any that will be made in programming if full VALE funding is not granted for 2026.
- Example:*** PRIORITY BUDGET is for personnel expenses in the amount of \$24,000.  
PRIORITY BUDGET SUMMATION: If VALE funding is approved for less than half of the program operating expenses requested, the number of victims to be served will be changed from XXX to XX.
- **BUDGET NARRATIVE** A complete budget narrative justifies each line item included in the budget and explains how the dollar amount requested for each line item was calculated.

#### 16. PROJECTED PROGRAM / PROJECT FUNDING SOURCES

- a. Will 9<sup>th</sup> Judicial District VALE funds requested provide full funding for the program/project? [Click here to enter text.](#)
- b. **If 9<sup>th</sup> Judicial District VALE funds will not provide full funding for the program/project**, please identify all other funding sources, and amounts that you have requested and/or anticipate receiving during the grant funding period for the program/project.  
[Click here to enter text.](#)

#### 17. CURRENT PROGRAM/PROJECT FUNDING SOURCES. Is your agency currently receiving VALE/VOCA/VAWA or any other funding for the program/project? [Click here to enter text.](#)

**If yes**, identify all funding sources including other Judicial District VALE Boards, VOCA, VAWA, municipalities and County Funds

Funding Source	Amount Approved	Funding Period
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Click here to enter text.	Click here to enter text.	Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

**18. INCREASED FUNDING JUSTIFICATION.** Please provide justification for any increased amount being requested for continued funding of a present program/project substantiate and quantify factually or with other supportive documentation. [Click here to enter text.](#)

**19. AGENCY VICTIM SERVICES BUDGET.** Please provide justification for any increased amount being requested for continued funding of a present program/project substantiate and quantify factually or with other supportive documentation. [Click here to enter text.](#)

**20. FUNDING CONTINUATION.** Address what specific steps your agency or program/project will be taking to obtain funding from alternate sources.  
[Click here to enter text.](#)

**21. FUNDING REDUCTION (Answer only if applicant is a currently funded program)** Address what specific steps your agency or program/project would need to take if there was a ten to twenty percent reduction from the current funding level.  
[Click here to enter text.](#)

**22. Budget Information: Of the funds being requested what percentage is this of your overall budget for the agency/victim services.**  
[Click here to enter text.](#)

## CERTIFIED ASSURANCES

The applicant assures that the following signatories, all staff and volunteers assigned to this program / project have read and understand the rights afforded to crime victims pursuant to Section 24-4.1-302.5 C.R.S. and the services delineated pursuant to Sections 24-4.1-303 C.R.S. and 23-4.1-304 C.R.S.

**I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief:**

Print Name and Title: [Click here to enter text.](#)

Signature: \_\_\_\_\_  
**Agency Director** **Date**

**Agency Director:** The executive director of the agency. This may in some agencies be the same person as the project director or authorized official.

Print Name and Title: [Click here to enter text.](#)

Signature: \_\_\_\_\_  
**Project Director** **Date**

**Project Director:** *The Project Director must be a person other than the Authorized Officer or the Financial Officer.* The person who has direct responsibility for the implementation of the project. This person should combine knowledge and experience in the project area with ability to administer the project and supervise personnel. He/She shares responsibility with the Financial Officer for seeing that all expenditures are within the approved budget. This person will normally devote a major portion of his/her time to the project and is responsible for meeting all reporting requirements.

Print Name and Title: [Click here to enter text.](#)

Signature: \_\_\_\_\_  
**Financial Officer** **Date**

**Financial Officer:** *The Financial Officer must be a person other than the Authorized Official or the Project Director.* The person who is responsible for all financial matters related to the program and who has responsibility for the accounting, management of funds, verification of expenditures, audit information and financial reports. The person who prepares the financial reports may be under the supervision of the Financial Officer.

Print Name and Title: [Click here to enter text.](#)

Signature: \_\_\_\_\_  
**Authorized Official** **Date**

**Authorized Official:** The authorized official is the person who is, by virtue of such person's positions, authorized to enter into contracts for the grant recipient. This could include Mayor or City Manager, Chairperson of the County Commissioners, District Attorney, President or Chairperson of the Board of Directors, Superintendent, or other Chief Executive Officer.

Breakdown of the **Project Budget** only

CONTINUATION APPLICANT'S		ALL APPLICANT'S	
Current Grant Award 2025 (12 month)		REQUESTED FUNDS BUDGET 2026 (12 months)	
<b>PERSONNEL</b>		<b>PERSONNEL</b>	
Employee/Job Position		Employee/Job Position	
Click here to enter text.	\$Click here to enter text.	Click here to enter text.	\$Click here to enter text.
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BenefitsClick here to enter text.	\$Click here to enter text.	BenefitsClick here to enter text.	\$Click here to enter text.
<b>Subtotal</b>	\$Click here to enter text.	<b>Subtotal</b>	\$Click here to enter text.
<b>OPERATING &amp; SUPPLIES</b>		<b>OPERATING &amp; SUPPLIES</b>	
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<b>Subtotal</b>	\$Click here to enter text.	<b>Subtotal</b>	\$Click here to enter text.
<b>IN-STATE TRAVEL</b>		<b>IN-STATE TRAVEL</b>	
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<b>Subtotal</b>	\$Click here to enter text.	<b>Subtotal</b>	\$Click here to enter text.
<b>EQUIPMENT</b>		<b>EQUIPMENT</b>	
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<b>Subtotal</b>	\$Click here to enter text.	<b>Subtotal</b>	\$Click here to enter text.
<b>PROFESSIONAL SERVICES</b>		<b>PROFESSIONAL SERVICES</b>	
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<b>OTHER</b>		<b>OTHER</b>	
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<b>Subtotal</b>	\$Click here to enter text.	<b>Subtotal</b>	\$Click here to enter text.
<b>TOTAL FUNDS: \$Click here to enter text.</b>		<b>TOTAL FUNDS REQUESTED: \$Click here to enter text.</b>	



**Itemized Priority Budget (REQUIRED)- Must be less than the budget submitted above.  
(Complete only one category- Continuation or New Applicant)**

CONTINUATION APPLICANT'S		NEW APPLICANT'S ONLY	
Reduced Priority Budget Request 2026 (12 months)		Reduced Priority Budget Request (12 months)	
<b>PERSONNEL</b>		<b>PERSONNEL</b>	
Employee/Job Position		Employee/Job Position	
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<b>OPERATING &amp; SUPPLIES</b>		<b>OPERATING &amp; SUPPLIES</b>	
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<b>IN-STATE TRAVEL</b>		<b>IN-STATE TRAVEL</b>	
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<b>PROFESSIONAL SERVICES</b>		<b>PROFESSIONAL SERVICES</b>	
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<b>OTHER</b>		<b>OTHER</b>	
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<b>Subtotal</b>	\$Click here to enter text.	<b>Subtotal</b>	\$Click here to enter text.
<b>TOTAL FUNDS:</b> \$Click here to enter text.		<b>TOTAL FUNDS REQUESTED:</b> \$Click here to enter text.	