**Attachment C**

# Victims of Crime Act, Child Abuse and Treatment Questionnaire
# Project Description

1. **Provide a description of the project to include proposed or current services, activities and materials. Include in the description if the project is a new project or an existing project. Existing projects shall declare one of the following:**

   a. **Existing project (no change)**
   b. **Existing project – Expansion**
   c. **Existing project - Enhancement**

2. **What high level outcomes are expected from this project on behalf of the clients/community served? Describe concrete criteria by which success of the service will be demonstrated and any planning activities.**

3. **Describe how the strategies/activities in #2 will coordinate and link with other mental health treatment efforts and/or services in the community. Describe how the proposed project will improve the mental health needs of abused and neglected children involved in the child welfare system.**

4. **Document Critical Need for VOCA Project (include geographic area to be served, congressional district of service area, population of area, target population of area, projected number of victims to be served, and founded child abuse and neglect complaints and family assessment cases 7/1/05 – 6/30/06).**

5. **If applicant agency previously received funds from the Victims of Crime Act, please indicate awards and expenditures below:**

   **VOCA – Child Abuse and Neglect Treatment**

| Year | 1997-1996 | 1998-1997 | 1999-1998 | 2000-1999 | 2001-2000 | 2002-2001 | 2003-2002 | 2004-2003 | 2005-2004 | 2006-2005 |
|---|---|---|---|---|---|---|---|---|---|---|
| Award $ | | | | | | | | | | |
| Expended $ | | | | | | | | | | |

6. **If this proposed project is a continuation of existing or new services include information identifying current year and projected year's funding to include:**
   a) **source of funds (state, federal, private),**
   b) **amount received and amount requested,**
   c) **reasons why funds were terminated or insufficient,**
   d) **describe attempts made to secure other funding sources.**

7. **Is there a need for this VOCA project in your area? Are there similar service programs in your area? Briefly explain why this proposed project is not a duplication of services; and how it will increase community collaboration efforts in your community.**

8. **Describe the methods and criteria that will be used to quantitatively and qualitatively measure project performance and analyze results. The plan should include process and outcome evaluation procedures, and mechanisms for ongoing review, record keeping, data collection, and analysis of cost effectiveness.**

9. **Present a plan for continuing the project beyond this grant year. Include a discussion of application to other funding sources, volunteer efforts, incorporation into local government or parent organization budget, or other fund raising strategies that will prevent/alleviate dependence on VOCA funding.**

10. **Identify any obstacles to the development of community collaboration to aid crime victims. How does this proposed project reduce these obstacles?**

11. **Provide a description of VOCA staff and their responsibilities. Include the number of full time staff, part time staff and volunteer staff. Discuss the methods used to monitor staff performance. Discuss how volunteers for the proposed project will be recruited, utilized, trained and evaluated. Discuss (if any) problems of staff and volunteer retention.**

12. **All recipients of this grant are expected to promote within the community, coordinated public and private efforts to aid crime victims. All applicants must identify collaborative partners in the community. To facilitate this project's success. Applicants must obtain the Agency Director's endorsement of those collaborative partners identified on the form on the next page. The signature will signify a working relationship between the two entities. Applicants shall explain what the partner's working relationship will be in the planning and delivery of services for this project.**

## COMMUNITY COLLABORATION PROJECT ENDORSEMENT FORM

| AGENCY | NAME | TITLE | SIGNATURE * | DATE |
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*AGENCY DIRECTOR'S SIGNATURE _____