Criminal Justice Coordinating Council

THE STATE OF GEORGIA
Local Victim Assistance Fines (5% Funds) Annual Agency and Recertification Report

0%

Thank you for applying to become a certified victim assistance agency eligible to receive Local Victim Assistance Program (5%) funds.

Since this is a recertification year, we have consolidated the annual certified agency report with the application for recertification.

As a reminder, all certified agencies must complete an annual report to the Criminal Justice Coordinating Council to report the amount they received in local victim assistance funds, if any. The first part of this report will cover your reporting requirements as a currently certified agency.

If you are not currently certified, please answer “No” to the question on the following screen to skip to the certification application.

If you have questions or concerns about the information in this report or the application, please contact:

Kyra Mathews at kyra.mathews@cjcc.ga.gov or

Kayla Kane at kayla.kane@cjcc.ga.gov
Does your agency currently receive funding from the Criminal Justice Coordinating Council?

- Yes
- No
Which of the following types of grant does your agency currently receive from the Criminal Justice Coordinating Council? [Select all that apply.]

- Victims of Crime Act
- STOP Violence Against Women Act
- Sexual Assault Services Program
- Family Violence Prevention and Services Act (FVPSA)
- State Domestic Violence or Sexual Assault Funds
- P HBG Funds
- Don’t Know
Local Victim Assistance Fines (5% Funds) Annual Agency and Recertification Report

4%

Is your agency currently certified to receive Local Victim Assistance Program (5%) funds?

[If you are certified, you should have a letter from CJCC confirming certification and the counties in which you are certified.]

☐ Yes
☐ No
Local Victim Assistance Fines 5% Funds Annual Agency and Recertification Report

6%

Please select the agency for which you are completing this 5% receipt report.
<table>
<thead>
<tr>
<th>County</th>
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</table>
Local Victim Assistance Fines (5% Funds) Annual Agency and Recertification Report

9%

Did your agency receive any Local Victim Assistance Funds in the previous calendar year from any of the counties in which you are currently certified?

- Yes
- No
Local Victim Assistance Fines Annual Agency and Recertification Report

10%

In the grid below, please indicate the following for the previous calendar year:

1. How much you received in 5% funding from each county in which you are certified. **If you did not receive any funding from a certain county, please enter 0.** Please only enter whole numbers.

2. How many victims your agency served in each county in which you are certified. **Please report how many victims you served, even if you received no 5% funding from a certain county.** Please report the total number of victims your agency served in a particular county, not just those served with 5% funds.

<table>
<thead>
<tr>
<th>Amount of Funding Received</th>
<th>Number of Victims Served</th>
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<tbody>
<tr>
<td>Appling</td>
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<tr>
<td>Atkinson</td>
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</tr>
</tbody>
</table>

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Local Victim Assistance Fines (5% Funds) Annual Agency and Recertification Report

12%

How did the Ace Diversion Center use Local Victim Assistance (5% Funding) during the previous calendar year? Check all that apply.

- Portion of victims' advocates' salaries
- Agency Overhead Costs such as rent and utilities
- Office supplies or equipment
- Administrative personnel salaries
- Direct financial assistance to victims (e.g., transportation assistance, moving costs, etc.)
- Therapy and/or counseling services for victims
- Training for advocacy staff
- Publications or brochures for victims
- Training for other professional staff (e.g., law enforcement, prosecutors, etc.)
- Forensic Interviewers or their services
- Interpreter costs or language lines for LEP victims
- Training for volunteers
- Necessary shelter supplies (e.g., food, clothing, cleaning supplies, etc.)
- Mileage for agency vehicle or staff vehicles to transport victims or respond to scene
- Matching funds for a state or federal grant
- Other agency expenses
What percent of your agency’s total budget do the 5% funds you receive represent? (Please enter decimals. If the 5% portion of your total budget is 25%, then please enter 0.25. If 5% funds are 100% of your agency budget, then please enter 1.)

[NOTE: If your victim assistance program is housed within a larger social service agency, report the percentage of your victim assistance program’s budget that 5% funds represent.]
Welcome to the Five Percent Agency Certification Application. To be certified as eligible to receive Local Victim Assistance Add-On Funding (5% funding), agencies must submit evidence that AT LEAST ONE staff member (employed in direct victim services) has the necessary credentials.

Valid credentials include:

- a license in social work or mental health services;
- graduation from the Georgia Victim's Assistance Academy;
- graduation from the National Victim’s Assistance Academy;
- completion of the Office for Victims of Crime Victim’s Assistance Training (VAT) online;
- completion of the Georgia Coalition Against Domestic Violence (GCADV) Frontline Training; and/or
- completion of the Georgia Network to End Sexual Assault (GNESA) Advocacy Training.

If you have any questions, please log on to our website at http://cjcc.georgia.gov for additional information.
Local Victim Assistance Fines (5% Funds) Annual Agency and Recertification Report

16%

Does AT LEAST ONE staff member employed in direct victim services have the necessary credentials for your agency to be eligible?

- [ ] YES
- [ ] NO
Local Victim Assistance Fines Annual Agency and Recertification Report

In the fields below, please provide us with some basic contact information for your agency.
In the box below, please insert your agency’s legal or corporate name.

Insert name.

In the box below, please insert your "doing business as" (D/B/A) name or the name of the victim assistance program in your agency.

Insert name.

What is your agency’s street address (or P.O. Box if your address is confidential)?

Insert address.

City:

Insert city.

5-Digit zipcode:

Insert 5-digit zip code.

In what county is your agency’s main office located?

Insert county.

What is your agency’s telephone number?

Insert telephone number.

Please enter your victim assistance agency’s main web address.

Insert web address.

In what year was your agency’s victim assistance program established?

Insert year.
**Local Victim Assistance Fines Annual Agency and Recertification Report**

<table>
<thead>
<tr>
<th>Agency Type</th>
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<tbody>
<tr>
<td>Law Enforcement VFA/P</td>
<td>District Attorney VFA/P</td>
<td>Solicitor General VFA/P</td>
<td>Court-based victim advocacy program</td>
</tr>
<tr>
<td>Community-based health services</td>
<td>Juvenile Affairs Program</td>
<td>DV Shelter</td>
<td>DV Non-shelter Program</td>
</tr>
</tbody>
</table>

From the list below, please select the best answer (up to three) that best describes the following:

- Child Physical Abuse
- Child Sexual Abuse
- Other Child Abuse
- Domestic Violence
- Sexual Assault
- Co-victim of Sexual Assault
- Dating Violence
- Stalking
- Adults Molested as Children
- Elder Abuse
- SOU/SME child/abuses via survivor
- Domestic Survivors
- Robbery
- Assault/Battery
- Exploitation/False Imprisonment
- Non-violent/Caregiver
- Other Violent Crime
- Burglary
- Larceny/Theft
- Identity Theft/Fraud
- Other Property Crimes

From the list, please select ALL of the types of victims listed:

- Child Physical Abuse
- Child Sexual Abuse
- Other Child Abuse
- Domestic Violence
- Sexual Assault
- Co-victim of Sexual Assault
- Dating Violence
- Stalking
- Adults Molested as Children
- Elder Abuse
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- Non-violent/Caregiver
- Other Violent Crime
- Burglary
- Larceny/Theft
- Identity Theft/Fraud
- Other Property Crimes

From the list, select ALL of the types of services provided to victims:

- In person crisis counseling
- Proactive crisis counseling
- In person information & referral (non-crisis)
- Telephone information & referral (non-crisis)
- Follow-up
- Outreach/After Law Enforcement Contact
- Therapy
- Group Treatment
- Safety Plan
- Emergency Financial Assistance
- Emergency Legal Advocacy
- Other Emergency Assistance
- Criminal Justice System Support/Advocacy
- Personal Advocacy (Including Medical Accompaniment)
- Assistance in filling victims' compensation claims
- Assistance with applications for TANF, Medicaid, other
- Non-Emergency Legal Advocacy
Local Victim Assistance Fines Annual Agency and Recertification Report

Please select from the list below to fill position.

Select One:
- Case Manager
- Counselor
- Crisis Intervention Specialist
- Executive Director
- Family Advocate
- Legal Advocate
- MDT Coordinator or Facilitator
- Ombudsman
- Outreach Coordinator
- Program Director, Manager or Coordinator
- Reception or Support Staff
- Shelter Advocate
- Shelter Manager
- Support Group Facilitator
- Therapist
- Victim Advocate
- Volunteer Coordinator
Local Victim Assistance Fines (5% Funds) Annual Agency and Recertification Report

Please select test's employment status from the list below.

- Full-Time
- Part-Time
- Contractor
Local Victim Assistance Fines (5% Funds) Annual Agency and Recertification Report

28%

Number of years last has been employed by your victim assistance agency.

☐ Don't Know

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## Local Victim Assistance Fines Annual Agency and Recertification Report

<table>
<thead>
<tr>
<th>Service area</th>
<th>Counties</th>
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</thead>
<tbody>
<tr>
<td>Apple</td>
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<td>Barrow</td>
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<td>Berrien</td>
<td>Bulloch</td>
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</table>

Service area is defined as counties in which you actively perform outreach and have relationships with victim service providers, prosecution, law enforcement and/or the courts.
Local Victim Assistance Fines Annual Agency and Recertification Report

In the previous calendar year, how many victims did you serve in each county you consider to be part of your service area?

Appাঙ  
Atkinson
Local Victim Assistance Fines (5% Funds) Annual Agency and Recertification Report

33%

Do you want to be certified to receive funds from all counties in your service area?

☐ Yes, I want to be certified to receive funds from all counties in my service area.
☐ No, I don't want to be certified in all counties in my service area, just a selection.
Local Victim Assistance Fines (5% Funds) Annual Agency and Recertification Report

From the list below, select the types of coordinated community response efforts, for which you have an MOU:

- Child Abuse Protocol Team
- Domestic Abuse Response Team
- Domestic Violence Task Force
- Fatality Review Team
- Multi-Disciplinary Team
- Sexual Assault Response Team
- Other Local Partnerships

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The following page asks you to enter the name of the Executive Director of your victim assistance agency to affirm your agreement with the statement provided regarding the provision of information and assistance regarding the Georgia Crime Victims Compensation Program. Entering the name and your PIN (password to enter application) is accepted as an electronic signature.
Local Victim Assistance Fines Annual Agency and Recertification Report

Please enter the name of the Executive Director of your victim assistance agency/program in the space provided. By entering this information you are agreeing to the following statements:

I affirm that our agency regularly provides victims of violent crime with information about and assistance applying to the State of Georgia Crime Victim Compensation Program. I further affirm that we have qualified staff as required in this application to provide direct services to crime victims. Finally, I understand that Local Victim Assistance Funds are to provide direct services to victims as stipulated in CICC’s Local Victim Assistance Program Guidelines. I affirm that my agency will not use funds for any purpose other than providing direct victim assistance.

Please enter your PIN (same as your password):

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