

## Board Authorization Form

Resolved: That the Board of Directors of the \_\_\_\_\_  
authorized the filing of a funding request/grant application to the Illinois Coalition Against  
Domestic Violence for (*list VOCA and VAWA funding*)

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and has identified the person indicated below as the authorized representative of the agency to  
act in connection with the application and to provide additional information as may be required.

Resolution passed by the Board of Directors on \_\_\_\_\_  
(Date)

Signed:

\_\_\_\_\_  
President, Board of Directors

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
Date

Signed:

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
Date

## ICADV ASSURANCES/AGREEMENTS

Failure to meet Assurances/Agreements, VOCA Eligibility requirements, and other contractual requirements, may result in the program being placed on probation or in termination of funding.

A. The undersigned agrees that it:

1. Has a principal mission to provide services to victims of domestic violence;
2. Has a record of providing effective, victim-centered services to victims of domestic violence for the past two years;
3. Has provided 40 hours of training in domestic violence to all of its direct service staff and volunteers. Staff trained after July 1, 2004, must be trained by a site approved by the Illinois Certified Domestic Violence Professionals;
4. Is a legally incorporated nonprofit organization that provides services to victims;
5. Has had financial support from other sources for at least the previous two years. At least one-fifth of its support (including in-kind contributions) shall be from sources other than the Victims of Crime Act program;
6. Is able to provide an independent audit at the time of application;
7. Utilizes volunteers;
8. Promotes coordinated public and private efforts within the local community to aid crime victims; and
9. Assists victims in seeking available crime victim compensation benefits;

B. The undersigned certifies that it:

1. Provides 24-hour telephone accessibility by personnel trained in domestic violence without requiring the victim to make a second phone call or wait for a return phone call;
2. Provides access to safe housing for victims of domestic violence including access to trained staff and services to effectively meet the needs of victims;
3. Has a demonstrated ability to utilize an intake assessment to determine eligible clients and uses appropriate service plans for eligible clients;
4. Has credibility within their service community regarding provision of services to domestic violence victims;
5. Provides all victims of domestic violence with free, nondiscriminatory and confidential services; and
6. Provides services to victims of federal crimes on the same basis as victims of state and local crimes.

Note:

Programs receiving contracts in prior years have to have supporting documentation on file. **Programs not having contracts in prior years must include supporting documentation in the RFP packet for each assurance in Section A and B.**

C. The undersigned agrees that crime victim assistance funds shall only be used to provide the following activities for the direct benefit of individual crime victims. This includes:

- 1. Making victims of domestic violence aware of the availability of crime victims' compensation, and assisting them in completing the required forms and in gathering the needed documentation. Assistance may also include follow-up contact with the victim compensation agency on behalf of the victim.
- 2. Acting on the crime victim's behalf vis-à-vis other social service and criminal justice agencies, and referring to other sources of assistance, as needed.
- 3. Assisting crime victims in participating in criminal justice proceedings including transportation to court, child care, escort services, obtaining and enforcing orders of protection, and advocacy on behalf of victims with criminal justice system personnel.
- 4. Providing ongoing training, and conducting advocacy with legal and criminal justice agencies on behalf of identified victims (training for implementing agency staff only, outside agencies may be invited to attend).
- 5. Using funds from this grant for a designated position as applicable.
- 6. Certifying that federal matching funds from state and/or local sources are available per contract specifications.

D. The undersigned certifies that staff hired to provide services to victims of domestic violence pursuant to the Victims of Crime Act shall demonstrate an understanding of the Illinois Domestic Violence Act.

\_\_\_\_\_  
Typed Name

Signed: \_\_\_\_\_

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

## **Statement of Compliance with VOCA Eligibility Requirements**

The applicant certifies that it meets the following eligibility requirements as stated in the Final Program Guidelines published by the Department of Justice, Office of Justice Programs for the Victims of Crime Act (VOCA) Victim Assistance Program:

The applicant is a public or nonprofit organization and provides services to crime victims.

The applicant has a record of providing effective services to crime victims including support and approval of its services by the community, a history of providing direct services in a cost-effective manner, and financial support from other sources.

The applicant will help crime victims apply for compensation.

The applicant will comply with the applicable provisions of VOCA, the Program Guidelines, and the requirements of the Office of Justice Programs' Financial Guide, which includes maintaining appropriate programmatic and financial records that fully disclose the amount and disposition of VOCA funds received.

The applicant will maintain statutorily required civil rights statistics on victims served by race or national origin, sex, age and disability, within the timetable established by the Illinois Criminal Justice Information Authority (ICJIA); and permit reasonable access to books, documents, papers, and records to determine whether the recipient is complying with applicable civil rights laws.

The applicant will abide by any additional eligibility or service criteria as established by the ICJIA including submitting statistical and programmatic information on the use and impact of VOCA funds, as requested by the ICJIA.

The applicant will provide services to victims of Federal crimes on the same basis as victims of state/local crimes.

The applicant will provide services to crime victims, at no charge, through the VOCA funded project.

The applicant will maintain confidentiality of client-counselor information as required by State and Federal law.

Except as otherwise provided by federal law, no recipient of monies under VOCA shall use or reveal any research or statistical information furnished under this program by any person and identifiable to any specific private person for any purpose other than the purpose for which such information was obtained in accordance with VOCA.

No person in any state shall, on the grounds of race, color, religion, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, be subjected to discrimination under, or denied employment in connection with any program or activity receiving federal financial assistance.

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Name and Title of Authorized Official

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Signature

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Date

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Name of Organization

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Address of Organization

**STATE OF ILLINOIS  
DRUG FREE WORKPLACE CERTIFICATION**

This certification is required by the Drug Free Workplace Act (Ill. Rev. Stat., ch. 127, par. 152.311). The Drug Free Workplace Act, effective January 1, 1992, requires that no grantee or contractor shall receive a grant or be considered for the purposes of being awarded a contract for the procurement of any property or services from the State unless that grantee or contractor has certified to the State that the grantee or contractor will provide a drug free workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract or grant payments, termination of the contract or grant and debarment of contracting or grant opportunities with the state for at least one (1) year but not more than five (5) years.

For the purpose of this certification, "grantee" or "contractor" means a corporation, partnership, or other entity with twenty-five (25) or more employees at the time of issuing the grant, or a department, division, or other unit thereof, directly responsible for the specific performance under a contract or grant of \$5,000 or more from the State.

The contractor/grantee certifies and agrees that it will provide a drug free workplace by:

(a) Publishing a statement:

- (1) Notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, including cannabis, is prohibited in the grantee's or contractor's workplace.
- (2) Specifying the actions that will be taken against employees for violations of such prohibition.
- (3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will:
  - (A) abide by the terms of the statement; and
  - (B) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

(b) Establishing a drug free awareness program to inform employees about:

- (1) the dangers of drug abuse in the workplace;
- (2) the grantee's or contractor's policy of maintaining a drug free workplace;

- (3) any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) the penalties that may be imposed upon an employee for drug violations.
- (c) Providing a copy of the statement required by subparagraph (a) to each employee engaged in the performance of the contract or grant and to post the statement in a prominent place in the workplace.
- (d) Notifying the contracting or granting agency within ten (10) days after receiving notice under part (B) or paragraph (3) of subsection (a) above from an employee or otherwise receiving actual notice of such conviction.
- (e) Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted, as required by section 5 of the Drug Free Workplace Act.
- (f) Assisting employees in selecting a course of action in the event drug counseling, treatment, and rehabilitation is required and indicating that a trained referral team is in place.
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of the Drug Free Workplace Act.

THE UNDERSIGNED AFFIRMS, UNDER PENALTIES OF PERJURY, THAT HE OR SHE IS AUTHORIZED TO EXECUTE THIS CERTIFICATION ON BEHALF OF THE DESIGNATED ORGANIZATION.

\_\_\_\_\_  
 Printed Name of Organization

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Requisition/Contract/Grant ID#

\_\_\_\_\_  
 Printed Name and Title

\_\_\_\_\_  
 Date

U.S. Department of Justice  
Office of Justice Programs  
Office of the Comptroller

**Federal Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions  
(Sub-Recipient)**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 67.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Address of Organization

\_\_\_\_\_

### **Instructions for Federal Debarment Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**ILLINOIS DEBARMENT CERTIFICATION**

The applicant certifies:

- (1) that it is not barred from contracting with any unit of state or local government as a result of 720 ILCS 5/33E-3 or 5/33E-4; and
- (2) that it has not been barred from being awarded a contract or subcontract under section 10.1 of the Illinois Purchasing Act (30ILCS 505/10.1)

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Name and Title of Authorized Representative

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Signature

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Date

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Name of Organization

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Address of Organization

## EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) CERTIFICATION INSTRUCTIONS

- Circle the grant program that the grant is funded under.
- Enter the grant number and amount, the name of the grantee/organization, the address, contact person and contact information on the lines provided. (The contact person should be someone who is familiar with the grant and able to answer questions regarding the EEOP.)

### COMPLETE ONLY ONE OF THE FOLLOWING SECTIONS, SECTION A OR B

- SECTION A: Some grantees are not required to develop an EEOP. If one or more of the checkboxes in Section A apply to your organization, then your organization is exempt from the EEOP requirement and IS NOT required to develop an EEOP. If this is the case, please print the name of the individual authorized to certify to this fact, check the box(es) that apply to your organization and sign the certification.

### **OR**

- SECTION B: If your organization is a covered entity type (state or local **unit of government**, or for-profit entity), has 50 or more employees and receives a single grant of \$25,000 or more, your organization is required to have an EEOP on file that is current and that can be reviewed by outside individuals.
  - Print the name of the responsible individual who is certifying that an EEOP is required and on file, the name of the entity and the location/address of the office where the EEOP is on file.
  - Sign the certification.
  - If an entity receives a single grant of \$500,000 or more, or, over a period of 18 months, receives several grants totaling \$1,000,000 or more, the entity must submit a copy of the EEOP to the Authority. The Authority will then forward the EEOP to the federal Office of Civil Rights for review and approval.

## CIVIL RIGHTS COMPLIANCE CERTIFICATION INSTRUCTIONS

- Circle the grant program that the grant is funded under.
- Enter the name of the grantee/organization, the address, contact person and contact information on the lines provided. (The contact person should be someone who is familiar with the grant and able to answer questions regarding civil rights compliance.)
- CERTIFICATION STATEMENT: The entity needs to certify that it is in compliance with all local, state and federal civil rights laws, regulations and guidelines as listed in the Interagency Agreement. The entity also needs to certify if it has or has not had any findings of discrimination within the past 5 years.

- Print the name of the responsible official who is certifying to compliance and the name of the entity.
- If your organization has had no findings of discrimination within the past 5 years, please check the first box. If your organization has had any findings of discrimination within the past 5 years, please check the second box. Attach a copy of all findings made within the past 5 years that have not already been submitted to the Authority. **If your organization has already submitted all current findings to the Authority, check the box indicating that; there is no need to resubmit them to the Authority.**
- Sign the certification.

**EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) CERTIFICATION**  
(Complete **SECTION A** OR **SECTION B** below, as applicable. Complete **ONLY ONE SECTION.**)

Grant Program (circle applicable federal grant program):

ADAA/BYRNE, JAIBG, LLEBG, NCHIP, RSAT, **VAWA, VOCA**, VOITIS, Other (Specify)

Grant Number(s): Federal Grant Award Amount(s): \$

Grantee/Organization Name (hereafter referred to as the "Entity"):

Address:

Contact Person:

Telephone #: Fax #: E-mail address:

**SECTION A. CERTIFICATION (EEOP NOT REQUIRED)**

I \_\_\_\_\_ [responsible official] CERTIFY THAT THE FUNDED ENTITY IS NOT REQUIRED TO PREPARE AN EEOP FOR THE REASON(S) CHECKED BELOW, PURSUANT TO 28 CFR 42.302.

**Check all of the following that apply:**

- ENTITY HAS LESS THAN 50 EMPLOYEES AT LEAST \$25,000
- ENTITY DOES NOT RECEIVE A GRANT OR AWARD OF
- ENTITY IS A NON-PROFIT ORGANIZATION
- ENTITY IS A MEDICAL INSTITUTION
- ENTITY IS AN INDIAN TRIBE
- ENTITY IS AN EDUCATIONAL INSTITUTION

\_\_\_\_\_  
[Signature of Responsible Official]

\_\_\_\_\_  
[Print Name and Title]

\_\_\_\_\_  
[Date]

**OR**

**SECTION B. CERTIFICATION (EEOP REQUIRED AND ON FILE)**

(For information regarding EEOP development, see: <http://www.ojp.usdoj.gov/ocr/eeop.htm>)

Certification Statement (**For Entities with 50 or more employees that receive a single grant or award of \$25,000 or more**):

I, \_\_\_\_\_ [responsible official], certify that the Entity has formulated an Equal Employment Opportunity Plan in accordance with 28 CFR 42.301, et seq., subpart E, that was signed into effect within the past two years by the proper authority and that it is available for review. The EEOP is on file in the office of \_\_\_\_\_  
\_\_\_\_\_ [agency/organization name], at

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[address]

for review by the public and employees, or for review or audit by officials of the Illinois Criminal Justice Information Authority or the U.S. Department of Justice, Office of Justice Programs, Office of Civil Rights as required by relevant laws and regulations.

In addition to the above requirements, if Entity receives \$500,000 or more through a single grant, or \$1,000,000 or more in aggregate grant funds in an 18-month period, Entity shall submit a copy of its Equal Employment Opportunity Plan to the Authority. The Authority shall forward the Equal Employment Opportunity Plan to the Office of Civil Rights for review and approval.

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[Signature of Responsible Official]

[Print Name and Title]

[Date]

**CIVIL RIGHTS COMPLIANCE CERTIFICATION**  
(Complete **ENTIRE** certification)

Grant Program (circle applicable grant program):

ADAA/BYRNE, JAIBG, LLEBG, NCHIP, RSAT, **VAWA**, **VOCA**, VOITIS, Other (Specify)

Grantee/Organization Name (hereafter referred to as the "Entity"):

Address:

Contact Person:

Telephone #:

Fax #:

E-mail address:

Grant Numbers/Contract Names:

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**Certification Statement:**

I, \_\_\_\_\_ [Responsible Official], certify to the following statements:

- Entity is in compliance with all applicable local, state and federal civil rights laws, regulations and guidelines, including but not limited to those listed in the Interagency Agreement(s)/Contract(s) in effect for the grant(s) and contract(s) listed above.
- No person shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in connection with any activity funded under this grant(s)/contract(s) on the basis of race, color, age, religion, national origin, disability, or sex.
- Entity is in compliance with the following federal guidance materials regarding the provision of meaningful access to services and programs to persons with limited English proficiency (LEP): Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (Federal Register, June 18, 2002, Volume 67, Number 117, Page 41455-41472).

*(Additional information regarding LEP requirements may be found at:*

**<http://www.ojp.usdoj.gov/ocr/lep.htm>**)

In addition, I certify that in the event that a federal or State court or administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, age, religion, national origin, disability, or sex against the Entity, or any subgrantee or contractor of the Entity, the Entity will forward a copy of the finding to the Authority. The Authority will forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs.

**Check the following item(s) that apply:**

THE ENTITY, ITS SUBGRANTEES AND CONTRACTORS **HAVE HAD NO FINDINGS** OF DISCRIMINATION WITHIN THE PAST 5 YEARS

THE ENTITY, ITS SUBGRANTEES OR CONTRACTORS **HAVE HAD FINDINGS** OF DISCRIMINATION WITHIN THE PAST 5 YEARS (You **MUST attach a copy of all finding(s) made within the past 5 years that have not yet been submitted** to the Authority)

All current findings have already been submitted to the Authority; no additional findings have been made and no additional findings are attached

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[Signature of Responsible Official]

[Title]

[Date]