



**United States Virgin Islands Department of Human Services
Crisis Intervention Grant Program**

Project Period: January 1, 2023 – September 30, 2023

Application Due Date: January 10, 2023 5:00pm

**Submit proposal and questions via email to the following
Single Point of Contact only:
Kendall Tutein, Director of Nonprofits and Support Services
kendall.tutein@dhs.vi.gov**



Program Scope

The United States Virgin Islands Department of Human Services Crisis Intervention Fund was established by USVI statute; Oct. 13, 1994, No. 6034, § 3, Sess. L. 1994, p. 257; amended Apr. 7, 2010, No. 7159, § 3, Sess. L. 2010, p. for the purpose of funding programs relating to family and youth crisis intervention services. The purpose of DHS Crisis Intervention Funds is to help support families and youth experiencing crisis. Non-profit and nongovernmental organizations programs that provide family/ parenting education services, youth skill building and empowering services, prevention education, and related assistance to families and youth .

Award Period And Funds Available The award period for this DHS Crisis Intervention grant will be from January 1, 2023 – September 30, 2023. Funding is dependent on the annual allotment awarded by United States Virgin Islands Finance Department. Final selections are dependent on the number and quality of applications received. Applicants must submit renewal applications each year for consideration of funding.

Awards are contingent on the availability of funds and any modifications or additional requirements that may be imposed by the USVI Department of Human Services, and the Department of Finance (DOJ). If, after the initial award period, the provider has failed to perform as specified in the submitted proposal or the resulting subgrant terms and conditions the subgrant may be terminated by USVI Department of Human Services. Funds provided through the Crisis Intervention Fund are designed to supplement other funding sources directed at addressing service provision to families and youth.

CRISIS INTERVENTION SERVICE PROJECTS

Purpose The purpose of the Crisis Intervention grant is to provide intervention, support services, and related assistance to:

1. Youth (17 years old and younger)
2. Family

Services and related assistance may include:

1. Family Enhancement programs- focus from birth- 17 years old
2. Parenting education.
3. Youth focused programs; life skill building, educational assistance; mentoring, prosocial development, job skills development
4. Youth focused substance use prevention, youth focused violence prevention
5. Services/ Programs for disabled youth or families with disabled youth.
6. Crisis intervention, short-term individual and group support services, comprehensive service coordination and supervision to assist family or household members;

Out-of-Scope Activities

The activities listed below are out of the program scope and, therefore, cannot be supported by Crisis Intervention funding.

1. Research projects (This does not include program assessments conducted only for internal improvement purposes.)
2. Activities focused on programming for adults without children or children older than 18 years of age.

Unallowable Activities The following is a list of activities that are unallowable and cannot be supported by DHS Crisis Intervention grant funding.

- Lobbying • Fundraising • Purchase of real property • Construction • Physical modifications to buildings, including minor renovations (such as painting, etc.)

APPLICATION ELEMENTS

Application Form with Supporting Documents

Program Narrative- Abstract- Statement of Need- Program Description- Program Evaluation Budget Information- Organization Budget- Program Budget- Personnel /Fringe Benefit

- **APPLICATION FORM (Attachment A)** Provide one completed original Application Form and required documentation
 - **PROPOSAL NARRATIVE-** The Proposal Narrative should provide a detailed statement of the work to be performed in response to the following outline. The narrative is limited to 10 pages maximum; anything beyond will not be reviewed or considered in the scoring process. This section encompasses section 1- 4 below. With the heading, Proposal Narrative, address each section below and the elements therein. Provide a clear response limited to the number of pages indicated. The Proposal Narrative section **MUST** be double-spaced and written in 12-point Times New Roman font, .5" margins, pages numbered.
1. **Abstract** (No point value, limit to 1/2 page, single spaced) The proposal abstract, when read separately from the rest of the application, is meant to serve as a succinct and accurate description of the proposed project and should concisely describe proposed project goals and objectives, populations to be served and number of clients to be served. Identify any evidenced based programs or practices to be implemented, if applicable.
 2. **Statement of Problem and Needs Assessment** This section should clearly identify the problem and support the stated issues with relevant data to justify the request for the program, services, or activities being proposed.
 - a. Describe the intended target population and location where services will be provided using demographic or other data where possible.
 - b. Describe the need, nature and extent of need within the proposed community, and/or population to be served. Statements should be supported with up-to-date statistical or other information/data or relevant literature. The sources or methods used for assessing the problem should also be identified and described.
 - c. Are other agencies addressing the need? If so, identify each one and provide a brief description on how this project differs, or how it complements each existing program.
 - d. If applying to serve an underserved population, describe how activities will be accessible and/or culturally appropriate to the population.
 - e. How would this project enhance the services currently provided by your program?
 3. **Project Description** Describe how this funding will specifically allow you to meet the needs identified above. Keep in mind that goals and objectives must be specific and verifiable.
 - a. **Clearly outline goal(s)** to illustrate where you hope to be at the end of the grant cycle. (January- September)

- b. **Outline the specific SMART objectives/tasks** to accomplish this. Include who will be responsible to complete each task? Include a completion date for each objective identified.
- c. **Project activities and services:** Describe how the agency will achieve the stated project goals. Outline what the activities and services are, who will conduct the activities and/or provide services, where services will be delivered, how victims will safely access services, and a timeline for accomplishing the activities.
- d. Provide staffing plan for implementation of program; Position title, % of time, responsibilities

4. Evaluation Plan

- a. Describe how project goals will be evaluated. How will you measure success? How will you know when a goal has been reached? How will you ensure accountability among all partners? Describe milestones along the way that will indicate success in meeting each goal. Make sure you address EVERY goal. (add more rows if needed)
- b. Please use the following table to outline your evaluation plan. There may be multiple objectives related to a single goal. If applicable, identify the estimated number of clients/services for each goal/objective.

Please be sure to only include the numbers of clients/services that will be funded from the grant award

Goals	Objectives	Methods Of Measurement	Estimated # of Services/ Clients (If Applicable)	Responsible Staff Person And Completion Date

• **BUDGET (Attachment B)** Complete the Line-Item Organization Budget Summary, Program Budget Summary (Excel Forms) and a Budget Justification form (Word Document). The line item budget narrative must provide computation of requested funds and justification of costs in relation to activities to be performed. A detailed budget justification must address each line item to clarify expenses requested. Applicants must provide details on each cost item in the budget to explain its purpose, justification as an included cost and value added to the grant.

USVI Department of Human Services reserves the right to make changes to the application budget at the time of the grant award and will communicate any changes to the applicant. USVI Department of Human Services may negotiate all or part of any proposed budget after the award is granted.

Application and Submission Requirements

The organization must maintain an active and up-to-date SAM and DUNS registrations for USVI Department of Human Services to make an award. If your organization is not compliant when USVI

DHS is ready to make an award, USVI DHS may determine that your organization is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

Dun & Bradstreet Data Universal Numbering System (DUNS) Registration

USVI Department of Human Services applicants are required to obtain a valid DUNS Number, also known as the Unique Entity Identifier, and provide that number in the application. Obtaining a DUNS number is easy and there is no charge.

To obtain a DUNS number, access the Dun and Bradstreet website at: <http://www.dnb.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application. The DUNS number you use on your application must be registered and active in the System for Award Management (SAM).

System for Award Management (SAM) Registration

You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information during the period of time your organization has an active state level award or an application under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), has an exception approved by the agency under 2 CFR § 25.110(d)). To create a SAM user account, Register/Update your account, and/or Search Records, go to <https://www.sam.gov>.

It is also highly recommended that you renew your account prior to the expiration date. SAM information must be active and up-to-date, and should be updated at least every 12 months to remain active. Once you update your record in SAM, it will take months to complete the validation processes.

If your SAM account expires, the renewal process requires the same validation with IRS and DoD (Cage Code) as a new account requires. The renewal process can take up to 6 months.

Funding Opportunity Mandatory Requirements

The following mandatory requirements are considered Fatal Criteria. Failure to comply with all fatal criteria will render a proposal non-responsive and ineligible for further evaluation.

RFP MANDATORY FATAL CRITERIA	
Application Submittal	Submit Application via email by JANUARY 10, 2023 5:00pm AST to email address: kendall.tutein@dhs.vi.gov
Application form (Attachment A)	Complete and sign. Submit required supporting documentation.
Proposal Narrative numbered).	Format requirement followed (double-spaced, 12-point Times New Roman font, .5" margins minimum, page numbered. Up to 10 pages maximum Proposal Narrative Sections 1 – 4 completed
Budget forms (Attachment B)	Must include the following elements: Budget Period- January 1, 2023-September 30, 2023. Organization Budget Summary Form Program Budget Summary Form- Personnel /Fringe Benefits Form Program Budget Justification to explain/justify all line items, and program expense categories

SELECTION PROCESS/REVIEW TEAM

A proposal review team will be assembled to evaluate and score each proposal that meets the Criteria requirements. The team will be comprised of at least three persons with knowledge, background and/or experience related to program development and management. USVI Department of Human Services staff will review proposals for Criteria elements and forward qualified proposals to the Review team for consideration.

GRANT AWARD NOTIFICATION

All applicants will be notified of the outcome of the submitted proposal. All proposals selected for grant award, must begin providing services no later than February 28, 2023. Failure to begin services, will result in elimination of grant award.

BUDGET FORMS INSTRUCTIONS

ATTACHMENT B

Organization Budget Summary- complete as follows:

- Column 2- Fill in **organization budget** amounts for each expense category that is applicable to your organization
- Column 3- **DHS Funds-** Fill in the program budget summary amounts.
- Column 4 – fill in **Other funds** received to support your organization

Program Budget Summary is attached as an excel file that is fillable. Save the completed document, print and include with the Complete application.

Personnel/ Fringe Benefits- complete this form if personnel will be paid with grant funds and include with the application.

Budget Justification – Use the format in the SAMPLE below. Must be completed with details of each line item in the program budget summary. See instructions and Budget Justification Sample below. Insert a header upper right hand corner, listing Agency Name, Program Name and FY2023 Crisis Intervention Program Budget Justification

PERSONNEL COSTS	
Salaries	List each staff position that works in the program and are paid from the DHS Crisis program funding. List position name, staff name, % of time in program, Hourly Rate, Hours per week , # of weeks and total salary.
Fringe Benefits	Fill in the appropriate percentages for each category and calculate total: FICA, Medicare, Workmen Compensation, Medical Insurance, Retirement, Unemployment Insurance
NONPERSONNEL COSTS	
SUPPLIES -PER ITEM COST <\$1,000	
Office Supplies	List items and show calculations
	Copy paper, printer cartridges, pens, paperclips, staplers, taape dispenser, file folders, jump drives, printers, tablets, laptops, external drives, etc.
Programmatic Supplies/ Operating Supplies	List items and show calculations and explain how it supports the program
	Educational material, curriculum workbooks, / toilet paper, paper towels, PPE's, cleaning supplies for staff and program participant space, drinking water, etc.
CONTRACTUAL/PROFESSIONAL SERVICES	List all contract services provided in the program Name of the Contractor- person or organization – Services to be provided Rate for service provision; ie per session, # of hours-hourly rate, etc.
	i.e. Group Facilitators, Data analyst, taxi service

COMMUNICATIONS	List items and show calculations and explain how supports the program.
	IE telephone, internet, cellphones, video conferencing subscription, etc.
RENT	List item, quantity, unit cost and total, what the item will be used for to support the program
	Space for office / program participant space
UTILITIES	List item, quantity, unit cost and total, what the item will be used for to support the program
	Electricity, water
EQUIPMENT- Each item over \$1,000	List item, quantity, unit cost and total, what the item will be used for to support the program
	Computer tablets, laptops, printers, LED Projector; copier
OTHER SERVICES	List item, quantity, unit cost and total, what the item will be used for to support the program not identified in outer line items)
	Program Advertising, participant incentives, vehicle repair/ maintenance, liability insurance, etc.
PROGRAM BUDGET SUMMARY TABLE- list total for each Budget section	
NO INDIRECT COST CAN BE CHARGED TO CRISIS INTERVENTION FUNDING. COSTS MUST DIRECTLY BENEFIT PROGRAM PARTICIPANT	

Agency name Program Name
FY 2023 Crisis Intervention Program Budget Justification
February 1, 2023- September 30, 2023

TOTAL PRORAM BIDGET \$ 107,048

PERSONNEL - Total Personnel Cost is \$ 52,472

Project Coordinator, Jane Doe, will devote a 100% effort to the project, representing an annual salary of \$35,000. The Program Coordinator provides program leadership and oversees and directs all staff in the implementation of all day-to-day program activities. The Project Coordinator takes a lead role in the delivery of prevention education sessions, coordination of programming, and building collaborative relationships to support the program participants. The Coordinator maintains purchasing approval responsibilities, manages program uddget and ensure program goals and objectives are competed. Enforces policies, rules and regulations of the agency and assists with the overall performance improvement activities. **Total \$35,000**

Part- time Administrative Assistant, Mary Jones, will devote 100% effort. **(\$14.00 phr x 24 hours x 52 weeks= \$ 17,472)** The Administrative Assistant will assist the Project Coordinator with the implementation of the prevention education sessions, coordination of participant recruitment, collection of all client enrollment data, service provision data, participant attendance and outreach activities. The Administrative Assistant also will input data and prepare reports. **Total \$17,472**

Fringe Benefits Total Fringe Benefit Cost is \$12,068 (23%)

These are standard fringe benefits for project personnel. Fringe Benefits include FICA @ 7.65%, Unemployment Insurance @ %, Health Insurance @ %, Workers' Compensation @ %.

TOTAL NON-PERSONNEL EXPENSES \$ 47,749

Supplies- Total Supplies Cost \$4,200

Office Supplies - Pens, copy paper, copier supplies, computer printer supplies, staples, paperclips, etc. for use by staff in conducting the business of the program $\$150 \times 12 \text{ months} = \$1,800$

Program Supplies - intervention materials, educational materials, $\$200 \times 12 \text{ months} = \$2,400$

Communication- Total Communications Cost \$ 4,596

Telephone- $\$89.00 \text{ per month} \times 12 \text{ months} = \$1,068$;

Internet- $\$70 \times 12 \text{ months} = \840 internet services to conduct program business

cell phone services - for use by Staff to contact program participants and conduct program business. - $\$112 \times 12 \text{ months} \times 2 \text{ staff} = \$2,688$.

Professional/ Contract Services Total Cost is \$ 10,400

Contract Group Facilitator - Joe Biscoe- will provide Group Facilitation with 30 clients implementing EBI. $\$50 \text{ per group} \times 4 \text{ groups per month} \times 12 \text{ months} = \$2,400$

Contract Group Facilitator -Kathy Small- will provide group facilitation with 50 clients implementing EBI. $\$50 \text{ per group} \times 4 \text{ groups} \times \text{per month} \times 12 \text{ months} = \$2,400$.

NGA Taxi Service – Provide door -to door transportation for 50 program participants to attend groups. $8 \text{ roundtrips per months} \times \$75.00 \text{ per trip} \times 12 \text{ months} = \$3,600$

Rent- Office space for program implementation and staff use to conduct program business $\$900 \times 12 \text{ months} = \$10,800$

Training - 2-day training provided by ABC Consultants in motivational interviewing for 5 staff. Expenses including airfare, hotel and training supplies $\$3,000$

Repair & Maintenance- minor repairs to program space, office equipment and furniture $100 \times 12 \text{ months} = \$1,200$.

Equipment – \$4,500

Computer/printer/ battery back-up is needed for keeping program and participant records at a cost of $2 \text{ sets} \times 1,500 \text{ each} = \$3,000$.

LED Projector- To be used for program presentations and educational activities with program participants - $\$1,500$

Utilities - TOTAL \$ 6,012

Electricity – electricity needed for office space to support program implementation $\$400 \times 12 = \$4,800$

Water - public water access needed for office space to support program implementation $\$125 \times 12 \text{ months} = \$1,212$.

Other Services - \$2,000

Participant Incentives – participants receive incentives for program intervention completion. **50 clients x \$10 gift certificate = \$500**

Advertising- placement costs for Community Awareness activities including – placement of Public service announcements, program events, and employment opportunities. **\$125 x 12 months = \$ 1,500**

Program Budget Summary

PERSONNEL		
Salaries		\$ 52,472.00
Fringe Benefits 23%		\$ 12,068.00
TOTAL PERSONNEL		\$ 64,540.00
NON-PERSONNEL		
SUPPLIES		\$ 4,200.00
COMMUNICATIONS		\$ 4,596.00
PROFESSIONAL SERVICES		\$ 10,400.00
RENT		\$ 10,800.00
TRAINING		\$ 3,000.00
REPAIR MAINTENANCE		\$ 1,200.00
EQUIPMENT		\$ 4,500.00
UTILITIES		\$ 6,012.00
OTHER SERVICES		\$ 2,000.00
TOTAL NON-PERSONNEL		\$ 45,799.00
TOTAL DIRECT COST		\$ 107,048.00

ATTACHMENT A

CRISIS INTERVENTION APPLICATION FORM

(Attach a separate sheet if additional space is required)

1. Legal Name of Organization/Agency: _____
2. Contact Person: _____ Position Title: _____
3. Physical Address: _____
4. Mailing Address: _____ Zip Code: _____ (if different from above)
5. Phone No: () _____ (Between the hours of 8:00 am - 5:00 pm)
6. E-mail Address: _____
7. EIN/Tax ID # _____ DUNS # _____ SAM Registration # _____
8. Type of organization: () Nonprofit Organization 501c3 /IRB Notice () No 501c3
9. Number of years the organization has been in operation: _____

10. Mission Statement:

11. Describe the types of services the organization normally provides:

12. Identify clients normally served (i.e., Adults, Youth- preschool – 17 years, Families, etc.):

13. Please provide the following documents. Please indicate (X) those documents which are being provided at time of application.

If an application is selected for funding, the subgrantee must have all required supporting documents listed below and additional PNP and OMB documentation available to execute the Notice of Grant Award.

Required Documents	(X) or Date	Required Documents	(X) or Date
Certificate of Nonprofit Status/ Business License		Corporate Resolution	
Articles of Incorporation		SAM Registration Certification	
By Laws		IRS 501c3 or IRB Letter	
Letter of Good Standing			

14. Is your organization currently, or has it ever been, barred from participating in any federal or federally- funded program or project: Yes () No () If "Yes", please attach a separate sheet with a detailed explanation.

15. Describe the organization's fundraising activities within the last year and the amount of funds the organization/agency has raised:

16. List current FY2023 funding:

AFUNDING AGENCY NAME	FUNDING PERIOD	ANNUAL AMOUNT

I certify that the information contained in this application is true and correct. I agree to commit the agency to the implementation of this project if it is approved:

Signature: _____
Organization Head

Date: _____

Print Name: _____

Title: _____

USVI DEPARTMENT OF HUMAN SERVICES ORGANIZATION BUDGET SUMMARY

Name of Program:

Funding Period: January 1, 2023- September 30, 2023

Approved By

Prepared By:

Date Prepared:

Federal Fund: \$ _____ Local Funds \$ _____

EXPENSE CATEGORY	TOTAL ORGANIZATION BUDGET	DHS FUNDS	NONPROFIT/ CHARITABLE ORGANIZATION FUNDING (ie. United Way)	COMMENTS
Personnel Services:				
Salary & Wage:				
Fringe Benefits:				
Total Personnel Services:				
Contractual Services:				
1				
2				
3				
Non-Personnel Cost:				
Utilities				
Telephone				
Rentals				
Insurance (premises, vehicles				
Consumable Supplies				
Other Operating Expenses				
Equipment				
1. Rent/Lease				
2. Repairs/Maintenance				
Training				
Grants & Contribution				
Indirect Cost				
Total Non-Personnel:				
GRAND TOTAL:				

PROGRAM BUDGET SUMMARY
AGENCY NAME
PROGRAM NAME
January 1, 2023- September 30, 2023

Personnel Cost	FY2023
Salaries	
Fringe Benefits	
Total Personnel Cost:	\$ -
Non Personnel Cost	
Supplies	
Office Supplies	
Program/Operating Supplies	
Total Supply Cost	\$ -
Communication Cost	
Telephone	
Interent	
Other communication tool	
Total Commuication Cost	\$ -
Other Program Costs	
Contract/ Professional Srvc.	
Rent	
Training	
Repair & Maintenance	
Equipment	
Utilities	
Other Services - NOC	
Total Other Program Cost	\$ -
Total Non-Personnel Cost:	\$ -
TOTAL DIRECT COST	\$ -

Autofill in highlighted boxes	
Do not enter information in the yellow boxes	
Print Program Budget Summary and Personnel Sheet	
Include with the Program Narrative Section	

**USVI DEPARTMENT OF HUMAN SERVICES
PROGRAM PERSONNEL SALARIES AND WAGES DETAIL**

AGENCY NAME:

Name of Program / Activity Center:

Program Year: January 1, 2023 - September 30 2023

Name of Employee	Island	Position Title	# of Months	Annual Salary	Total Salary From DHS funding
LUMP SUM:					
DIFFERENTIALS:					
OVER TIME:					
SUB TOTAL:					\$ -

**USVI DEPARTMENT OF HUMAN SERVICES
PROGRAM PERSONNEL FRINGE BENEFITS DETAIL**

AGENCY NAME:

Name of Program / Activity Center:

Program Year: January 1, 2023 - September 30 2023

DESCRIPTION OF ITEMS AND BASIS FOR VALUATION	AMOUNT
FRINGE BENEFITS	
Retirement	
F.I.C.A.	
Workmen's Compensation	
Health Insurance	
Unemployment	
TOTAL FRINGE BENEFITS	\$ -

Instructions:

AUTOFILL- DO NOT ENTER NUMBERS IN YELLOW HIGHLIGHTED CELLS

1. Complete and submit with Program Budget Summary
2. Identify position as Full-time or Part-time
3. State the number of months the position is funded for ex. 12 months; 3 months, etc.
4. Totals from personnel listing and fringe benefits should match totals stated in the program budget summary