

SAL-1E  
09-03-24-11

**Delaware Violent Crimes Compensation Board**

Delaware Violent Crimes Compensation Board complies with and will comply with the requirements of Part II, "State Grantee Eligibility Requirements", and will require subgrantee compliance with Part IV, "Subgrantee Eligibility Requirements" which includes:

- Promotes victim cooperation with reasonable requests of law enforcement authorities.
- Certifies that grants received for crime victim compensation will not be used to supplant state funds otherwise available to provide crime victim compensation.
- Provides compensation to residents and nonresidents on the same basis.
- Provides compensation to victims of federal crimes occurring within the state on the same basis that it provides compensation to victims of state crimes.
- Does not, except according to state-established rules, deny compensation to any victim because of the victim's familial relationship to the offender or because the victim and offender share the same residence.
- Includes as compensable those crimes that result in victims suffering death or personal injury as a result of the intentional or attempted defacement, damage, or destruction of any religious real property because of its religious character, or the obstruction, by force, or threat of force, of any person's enjoyment of the free exercise of religious beliefs when the crime is covered by interstate or foreign commerce. VOCA also requires that states include as compensable those crimes that result in victims suffering death or personal injury as a result of the intentional or attempted defacement, damage, or destruction of any religious real property because of the race, color, or ethnic characteristics of any individual associated with the religious property.
- Provides other information and assurances related to the crime victim compensation program that the OVC Director may reasonably require.
- Requires that the grantee assist OVC in implementing its responsibilities under the National Historic Preservation Act (NHPA). Specifically, the grantee will establish and maintain records when reviewing and considering any request for use of grant funds that involves proposed renovation work. Renovation work includes altering or otherwise improving the exterior or interior of a structure. This applies to proposed renovation work that is not only specifically funded with OVC compensation grant funds, but also may be funded by the grantee or any third party as a prerequisite to accommodate the proposed use of the grant funds. This provision is limited to state grantees and cannot be passed through as an obligation for a victim. The grantee must certify to OVC that they have established and maintain records of any proposed renovation work on a structure that is less than 50 years old or 50 years and older. If the structure is determined to be less than 50 years old and this fact is documented in the grant file, no further action is required. If any portion of the structure is 50 years or older, the grantee is required to contact the State Compensation and Assistance Division Director at 202-307-5983 to provide information needed for the NHPA consultation process. This may include assisting OVC to consult with the State Historic Preservation Officer and amending the proposed renovation work to avoid any potential adverse impact to the historic structure. The grantee assures not to fund any proposed renovation of a structure until the grantee has received written approval from OVC.

ADMINISTRATIVE AND TRAINING FUNDS USAGE

THE VIOLENT CRIMES COMPENSATION BOARD WILL BE UTILIZING (5%) FIVE PERCENT OF THE GRANT "RECOVERY ACT - OVC FY 09 VOCA VICTIM COMPENSATION FORMULA GRANT PROGRAM" FOR ADMINISTRATIVE AND TRAINING PURPOSES. THIS AMOUNT WILL NOT SUPPLANT OTHER FUNDS AVAILABLE FOR ADMINISTRATION.

DELAWARE VCCB PLAN FOR COLLECTION OF DATA REQUIRED FOR  
PERFORMANCE MEASURES

THE VIOLENT CRIMES COMPENSATION BOARD WILL BE UTILIZING ITS CURRENT CLAIMS TRACKING SYSTEM AND STATE ACCOUNTING SYSTEM IN COLLECTING REQUIRED PERFORMANCE MEASURES THAT WILL INCLUDE HOW MANY CLAIMANTS RECEIVED RECOVERY ACT FUNDS TO HELP OFFSET ECONOMIC LOSS DUE TO VICTIMIZATION AND HOW MUCH RECOVERY ACT FUNDING WAS SPENT ON PROVIDING EACH TYPE OF ESSENTIAL SERVICE (E.G., MEDICAL, DENTAL, ETC.) DURING THE REPORTING PERIOD. DELAWARE'S CLAIMS TRACKING SYSTEM FOR THE VCCB USES AN ACCESS DATA BASE WHICH SORTS DATA INTO REQUIRED TABLES FOR REPORTING PURPOSES FOR PERFORMANCE MEASURES.



U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS

**Recovery Act - OVC FY 09 VOCA Victim Compensation  
Formula Grant Program**

General Certification as to Requirements for Receipt of Funds  
for Infrastructure Investments

On behalf of the applicant state or unit of local government (including tribal government) named below, I certify the following to the Office of Justice Programs ("OJP"), U.S. Department of Justice:

I have personally read and reviewed the section entitled "Eligibility" in the program announcement for the Recovery Act grant program named above. I also have personally read and reviewed section 1511 of the American Recovery and Reinvestment Act of 2009 (the "Recovery Act"), which requires a specific certification prior to receipt of Recovery Act funds for infrastructure investments.

*Initial the statement that applies:*

A handwritten signature in black ink, appearing to be "RB".

The applicant identified below **does not intend to use** any portion of any funds received under this Recovery Act grant program for any infrastructure investment. Should this intention change, the applicant will promptly notify OJP, and (except to the extent, if any, that OJP has given prior written approval to expend funds to conduct the review and vetting required by law) will not draw down, obligate, or expend any funds received under this Recovery Act program for any infrastructure investment project until section 1511 of the Recovery Act has been satisfied, and an adequate project-specific certification has been executed, posted, and submitted to OJP.

\_\_\_\_\_ The applicant identified below **does intend to use** some or all of any funds received under this Recovery Act grant program for one or more infrastructure investment projects. Except to the extent, if any, that OJP has given prior written approval to expend funds to conduct the review and vetting required by law, I agree that the applicant entity will execute, post, and submit to OJP, prior to obligating, expending, or drawing down funds for such project, a project-specific certification that satisfies all of the requirements of section 1511 (including execution by the Governor, mayor, or other chief executive, as appropriate) for each such infrastructure investment project.



FY 09 Recovery Act - Victims of Crime Act (VOCA)  
Victim Compensation Formula Grant Program 2009-40318-



DE-SF

[Application](#)

[Correspondence](#)

Switch to ...

**Application Handbook**

**Overview**

[Overview](#)

This handbook allows you to complete the application process for applying to the FY 09 Recovery Act - Victims of Crime Act (VOCA) Victim Compensation Formula Grant Program. At the end of the application process you will have the opportunity to view and print the SF-424 form.

[Applicant Information](#)

[Project Information](#)

[Budget and Program Attachments](#)

[Assurances and Certifications](#)

[Review SF 424](#)

[Submit Application](#)

[Help/Frequently Asked Questions](#)

[GMS Home](#)

[Log Off](#)

*Type of Submission	<input type="radio"/> Application Construction <input checked="" type="radio"/> Application Non-Construction <input type="radio"/> Preapplication Construction <input type="radio"/> Preapplication Non-Construction
*Type of Application	New <input type="checkbox"/> If Revision, select appropriate option <input type="checkbox"/> Type of Revision <input type="checkbox"/> If Other, specify
*Is application subject to review by state executive order 12372 process?	<input type="radio"/> Yes This preapplication/application was made available to the state executive order 12372 process for review on <input checked="" type="radio"/> No Program is not covered by E.O. 12372 <input type="radio"/> N/A Program has not been selected by state for review

Save and Continue

Application No.  
2009-40318-DE-SF



FY 09 Recovery Act - Victims of Crime Act (VOCA)  
Victim Compensation Formula Grant Program 2009-40318-  
DE-SF



[Application](#)

[Correspondence](#)

[Switch to ...](#)

[Application Handbook](#)

**Applicant Information**

[Overview](#)

Verify that the following information filled is correct and fill out any missing information. To save changes, click on the "Save and Continue" button.

[Applicant Information](#)

[Project Information](#)

[Budget and Program Attachments](#)

[Assurances and Certifications](#)

[Review SF 424](#)

[Submit Application](#)

[Help/Frequently Asked Questions](#)

[GMS Home](#)

[Log Off](#)

*Is the applicant delinquent on any federal debt	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Employer Identification Number (EIN)	51 - 6003279
*Type of Applicant	State
Type of Applicant (Other):	
*Organizational Unit	JUDICIAL DEPARTMEI
*Legal Name (Legal Jurisdiction Name)	Violent Crimes Comper
*Vendor Address 1	240 N. James Street
Vendor Address 2	Sulte 203
*Vendor City	Newport
Vendor County/Parish	New Castle
*Vendor State	Delaware
*Vendor ZIP	19804 - 0000 <a href="#">Need help for ZIP+4?</a>
<b>Please provide contact information for matters involving this application</b>	
*Contact Prefix:	Ms.
Contact Prefix (Other):	
*Contact First Name:	Marilyn
Contact Middle Initial:	
*Contact Last Name:	Brill
Contact Suffix:	Select a Suffix
Contact Suffix (Other) :	
*Contact Title:	Administrative Specialis
*Contact Address Line 1:	240 N. James Street
Contact Address Line 2:	

*Contact City	Wilmington
Contact County:	New Castle
*Contact State:	Delaware
*Contact Zip Code:	19804 - 0000 <a href="#">Need help for ZIP+4?</a>
*Contact Phone Number:	302 995 8383 Ext:
Contact Fax Number:	302 995 8387
*Contact E-mail Address:	marilyn.brill@state.de.us



FY 09 Recovery Act - Victims of Crime Act (VOCA)  
Victim Compensation Formula Grant Program 2009-40318-  
DE-SF



[Application](#)

[Correspondence](#)

Switch to ...

**Application Handbook**

**Project Information**

- [Overview](#)
- [Applicant Information](#)
- [Project Information](#)
- [Budget and Program Attachments](#)
- [Assurances and Certifications](#)
- [Review SF 424](#)
- [Submit Application](#)
- [Help/Frequently Asked Questions](#)
- [GMS Home](#)
- [Log Off](#)

*Descriptive Title of Applicant's Project		↕
Recovery Act-OVC FY 09 VOCA Victim Compensation Formula Grant Program		↕
*Areas Affected by Project		↕
State		↕
Proposed Project		
*Start Date	October 01 2008	
*End Date	September 30 2012	
*Congressional Districts of		
Project	Congressional District 00, DE Congressional District At-Large, DE	
*Estimated Funding		
Federal	\$ 130521	.00
Applicant	\$ 0	.00
State	\$ 0	.00
Local	\$ 0	.00
Other	\$ 0	.00
Program Income	\$ 0	.00
TOTAL	\$ 130521	.00

[Save and Continue](#)



FY 09 Recovery Act - Victims of Crime Act (VOCA)  
Victim Compensation Formula Grant Program 2009-40318-  
DE-SF



[Application](#)

[Correspondence](#)

[Switch to ...](#)

[Application Handbook](#)

**Budget and Program Attachments**

[Overview](#)

This form allows you to upload the Budget Detail Worksheet, Program Narrative and other Program attachments. Click the Attach button to continue.

[Applicant Information](#)

[Project Information](#)

[Budget and Program Attachments](#)

<a href="#">Administrative and Training Funds Usage.doc</a>
<a href="#">STATE OF DELAWARE-TITLE 11.doc</a>
<a href="#">DE PERFORMANCE MEASURES.doc</a>
<a href="#">DE-Certification as to Recovery Act Rpta Requiremnt.pdf</a>
<a href="#">DE-Gen certification as to Requirements for receipts of fnds.pdf</a>
<a href="#">Certification of State Grantee Eligibility Requirements statement.doc</a>

[Assurances and Certifications](#)

[Review SF 424](#)

Your files have been successfully attached, but the application has not been submitted to OJP. Please continue with your application.

[Submit Application](#)

[Help/Frequently Asked Questions](#)

[GMS Home](#)

[Log Off](#)

Budget & Program Attach



U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS

**Recovery Act – OVC FY 09 VOCA Victim Compensation  
Formula Grant Program**

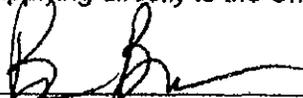
Certification as to Recovery Act Reporting Requirements

On behalf of the applicant entity named below, I certify the following to the Office of Justice Programs, U.S. Department of Justice:

I have personally read and reviewed the section entitled "Accountability and Transparency under the Recovery Act" in the program announcement for the Recovery Act grant program identified above. I have also read and reviewed section 1512(c) of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), concerning reporting requirements for grants. I agree that the applicant will comply with the reporting requirements set forth therein with respect to any grant the applicant may receive under the Recovery Act grant program identified above.

I acknowledge that a false statement in this certification may be subject to criminal prosecution, including under 18 U.S.C. § 1001. I also acknowledge that Office of Justice Programs, grants, including certifications provided in connection with such grants, are subject to review by the Office of Justice Programs, and/or by the Department of Justice's Office of the Inspector General.

I have authority to make this certification on behalf of the applicant entity (that is, the entity applying directly to the Office of Justice Programs).

  
\_\_\_\_\_  
Signature of Certifying Official

Barbara Brown  
\_\_\_\_\_  
Printed Name of Certifying Official

Executive Director  
\_\_\_\_\_  
Title of Certifying Official

Delaware Violent Crimes Compensation Board  
\_\_\_\_\_  
Full Name of Applicant Entity

3/13/09  
\_\_\_\_\_  
Date



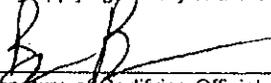
Page 2 of 2

U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS

General Certification as to Requirements for Receipt of Funds  
for Infrastructure Investments

I acknowledge that a false statement in this certification may be subject to criminal prosecution, including under 18 U.S.C. § 1001. I also acknowledge that Office of Justice Program grants, including certifications provided in connection with such grants, are subject to review by the Office of Justice Programs and/or by the Department of Justice's Office of the Inspector General.

I have authority to make this certification on behalf of the applicant (that is, the governmental entity applying directly to the Office of Justice Programs).

  
\_\_\_\_\_  
Signature of Certifying Official

Barbara Brown  
\_\_\_\_\_  
Printed Name of Certifying Official

Executive Director  
\_\_\_\_\_  
Title of Certifying Official

Delaware Violent Crimes Compensation Board  
\_\_\_\_\_  
Full Name of Applicant Government Entity

3/13/09  
\_\_\_\_\_  
Date

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED March 16, 2009	Applicant Identifier
1. TYPE OF SUBMISSION Application Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name Violent Crimes Compensation Board		Organizational Unit JUDICIAL DEPARTMENT	
Address 240 N. James Street Suite 203 Newport, Delaware 19804-0000		Name and telephone number of the person to be contacted on matters involving this application Brill, Marilyn (302) 995-8383	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 51-6003279		7. TYPE OF APPLICANT State	
8. TYPE OF APPLICATION New		9. NAME OF FEDERAL AGENCY Office for Victims of Crime	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16.802 CFDA Recovery Act - Victim Compensation Formula TITLE: Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Recovery Act-OVC FY 09 VOCA Victim Compensation Formula Grant Program	
12. AREAS AFFECTED BY PROJECT State			
13. PROPOSED PROJECT Start Date: October 01, 2008 End Date: September 30, 2012		14. CONGRESSIONAL DISTRICTS OF a. Applicant b. Project DEAL	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? Program is not covered by E.O. 12372	
Federal	\$130,521		
Applicant	\$0		
State	\$0		
Local	\$0		
Other	\$0		

<https://grants.ojp.usdoj.gov/gmsexternal/applicationReview.do?print=yes>

3/19/2009

SF 424

Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  N
TOTAL	\$130,521	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Close Window