

2022 City of Peoria Violence Prevention Funding Application

Instructions for completing and submitting this application is available here [Please email grants@peoriagov.org](mailto:grants@peoriagov.org) with questions. **Keep your responses brief, using the space provided. Be sure to include required documents. All questions must be answered, and all information must be provided or the application will be deemed incomplete.**

Application Deadline: 2 pm on Friday, September 9, 2022 to grants@peoriagov.org. Incomplete or late applications will NOT be considered.

Violence Prevention Program Title

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Applicant (Organization/Agency)

Organization / agency legal name:
Contact person / title:
Address:
Telephone:
Email:
Program operating location if different than listed above:
Program Fiscal Agent Organization Name and Address: (If applicable):
Program Fiscal Agent Contact Person Name, Email and Phone Number: (If applicable):

Applicant Agency Information

Date of incorporation:		Federal Employer Identification #:	
City of Peoria EEO #		SAMs Cage Code # and expiration	
Agency UEI Number:		Agency Annual Operating Budget:	
Number of Paid Staff:		Number of Volunteers:	

2022 Funding Requested (Maximum Request \$250,000 and Minimum Request \$50,000)

Requested Amount*:	\$	Total Project Budget:	\$
Number of Unique Clients to be Served			

*Anticipated Grant Term is 14 Months – November 1, 2022 to December 31, 2023.

Priority Area* (Check One)

*Please see program guidelines for detailed definitions of priority areas.

- Thriving Neighborhoods
 Empowered Youth & Young Adult
 Restorative & Resilience
 Intervention
 Violence Reduction



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1. Provide a brief description of your proposed program and goals. Describe the work to be performed, including the activities to be undertaken or the services to be provided, frequency and duration of services to be received by the average client or participant, and who will be carrying out the activities.

2. Explain specifically how this program addresses the Priority Area selected on page one. How does the program address the goal of violence prevention in the City of Peoria?



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3. How long has this program been in operation or is it a new program?

4. What specific geographic area does the program serve? (List Census Tracts or City-Wide.)

5. Specifically, what is the need for the program, what does the program do, and what is the target population for the program? Describe how the activity addresses community needs to reduce violence in the community. Be precise in the project design and how it is linked to goals. Use data and facts for the need and provide sources for the data.



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6. Provide information on how the program is evidenced-based. Provide clear, detailed information to support that project design. Please refer to research, third-party program evaluations or other objective data that indicates program design and note all sources of data. **NOTE: Programs must be evidenced-based to be eligible for funding.**



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7. Describe the number of people to be served and the outcomes that will be measured. (Please see program guidelines for example measurable results. Multiple outcome measures must be included.) What is the basis for selecting the outcomes and how do they demonstrate achievement of the overall goals of the project? Describe the evaluation tools that will be used to track/monitor the progress of the activity, how progress will be measured, why these measures were chosen, and how these methods are evaluated. If you are expanding a current program or reinstating a previous program, please discuss the impact the program has had in our community, specifically highlighting quantitative and qualitative outcomes.



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8. How will your organization track and record client demographics for the proposed program? How will you track outcome measures listed above?

9. How will outreach about program availability be conducted? What experience does your organization have with the target population of your program? What is your organization’s capacity to carry out the program and provide direct services and/or case management for participants?



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10. How does the program collaborate with other agencies? Describe your agency’s working relationship with other organizations and describe services and programs by other agencies that will provide additional or similar services to your clients. Please detail the formal agreements and history of partnerships within the community. Do these agreements lead to cost savings for your agency?

11. How does your agency practice and promote diversity, equity and inclusion?



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12. Please provide a breakdown of your current staff demographics by race/ethnicity and gender identity.

13. Please provide a breakdown of your Board of Directors or governing body by race/ethnicity and gender identity



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14. Staff Qualifications: Please identify key program staff, titles and include background and qualifications (education, experience, training, etc.). Include **ALL** staff to be funded with Violence Prevention funds and staff that will compile reports. If the position has not been hired, please include requirements in job description in the background section. Attach extra sheets if needed.

Staff Member	Background and Expertise of Personnel
Name: Title: FTE on This Program: Grant funds used: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name: Title: FTE on This Program: Grant funds used: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name: Title: FTE on This Program: Grant funds used: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name: Title: FTE on This Program: Grant funds used: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name: Title: FTE on This Program: Grant funds used: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name: Title: FTE on This Program: Grant funds used: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name: Title: FTE on This Program: Grant funds used: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Are extra sheets for additional staff attached? Yes No



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15. Are there or will there be any program membership or fees charged to the participant in the proposed program?

Yes No

If yes, please list (or attach) fee schedule and explain how the participant fees support the program.

16. What is your organization’s experience in managing publicly funded projects? Describe any specific experience your organization has in the administration of federal, state, and local government funds. If you are using a fiscal agency, you may list the information for that agency.

17. List funders for the last two years (including the City of Peoria, if applicable) and describe type and frequency of monitoring. Also describe any findings, the resolution of those findings, and any monetary penalties incurred.



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18. What credentials, accreditation, or other evaluation process is your organization required to obtain by outside agencies? Please describe the outcome or scoring of each one.

19. Describe your organization’s financial reporting system/accounting procedures and time keeping system regarding the proposed activity. How will your organization separate Violence Prevention funds from other funds for identification, tracking, and reporting? Describe your organization’s internal controls that minimize opportunities for fraud, waste, and mismanagement.



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20. As a part of the application process, your agency or sponsored fiscal agency must have conducted and must submit a copy of its most recent audit.

In the most recent audit, were any findings issued? Yes No

If yes, please explain all findings and corrective action taken to address the issues.
(Submit additional letter if necessary.)

21. Is your agency required to complete a Single Audit? Yes No

If yes, please include a copy of your Single Audit with the application.

If yes, in your agency's most recent Single Audit, were any findings issued? Yes No

If yes, please explain all findings and corrective actions taken.
(Submit additional letter if necessary.)



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22. Explain in narrative form how Violence Prevention funds will be used as shown in the proposed budget (e.g. describe specific direct service and administrative positions for the program). Describe the specific need for all items outlined in the budget and how you will ensure that all costs are reasonable per 2 CFR Part 200. Describe your program funding source diversity if applicable. Provide details on program expenses and explain how the cost per unit of service and the cost per unduplicated client are reasonable for this program.



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23. Is there any additional information you want to mention? Use bullet style for each item in the space provided.



Conflict of Interest

As an applicant requesting funding, will any of your employees, agents, consultants, officers, or elected officials experience the following conflicts of interest:

Participate in the decision making process for the approval of this application? (i.e., a City of Peoria City Council Member or Member of the CDBG Public Services Advisory Commission) No Yes

Have a personal financial interest or reap a financial benefit from this program/activity? No Yes

Have an interest in any contract, subcontract, or agreement with respect to this application either for themselves or those with whom they have family or business ties during the program year and for one year thereafter?
No Yes

*If you selected yes to any of the above, clearly describe the conflict below.

Certification

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts and that the information given is true and complete to the best of my knowledge and belief. I agree to comply with all federal and City of Peoria requirements if funded.

Agency CEO Name	Signature	Date