

GRANT FUNDING REQUEST FOR COMMUNITY SERVICE ORGANIZATIONS

2017 FUNDING REQUEST/CERTIFICATION FORM

ORGANIZATION NAME: Advocates for Victims of Violence, Inc. PHONE: 835-2981
ADDRESS: P.O. Box 524 Valdez, AK ZIP: 99686
CONTACT PERSON: Rowena Palomar PHONE: 835-2980
CONTACT PERSON E-MAIL: executive@avvalaska.org
PROGRAM TITLE: Youth Services Program
FUNDING REQUEST FOR 2017: \$ 50,000

1. Non-Profit Corporation? Yes X No
Date of incorporation: 1981 Federal Tax ID #: 92-0083034

2. Organization's estimated TOTAL 2017 operating budget: \$ 472,784.00

3. Historical Funding and Membership Information

	Total CSO Budget	City Funding	City % of Total	# of Members
2014	482,925.00	40,000.00	8%	90
2015	555,880.00	40,000.00	7%	95
2016	480,283.00	40,000.00	8%	90
2017	472,784.00	50,000.00	9%	85

4. What was previous grant funding used for? Be specific.

1. Girls' Time - After school program at Hermon Hutchens Elementary School
2. Express Yourself - After school program at Hermon Hutchens Elementary School
3. True You - After school program at Gilson Middle School
4. Outdoor Adventure Day Camps - 3 summer camps for kids going into: 1st-2nd grade; 3rd -5th grader; 6th-8th grader
5. Tangle Lake Canoe and Camping - students going into 9th-12th grader
6. Child Abuse prevention and Awareness Month
7. Teen Dating Violence Awareness Month
8. Teen Talk
9. Domestic Violence Awareness activities at the High School
10. Suicide Prevention PSA
11. Individual support for children and teens experiencing domestic violence, sexual assault and child abuse
12. Shelter Kids Program

ATTACHMENTS: (label as indicated)

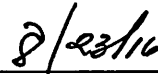
- Copy of your organization's most recent fiscal year end financial statements including balance sheet and profit and loss, and sources and uses of revenues. These statements must also show all accumulated fund balances for all of the organization's assets. (label page 2)
- Copy of balance sheets from three prior fiscal years. (label page 3)
- Copy of your organization's estimated current operating budget, including revenues and expenditures. (label page 4)
- Copy of proposed 2017 budget, including revenues and expenditures. (label page 5)
- Copy of your organization's balance sheet and profit and loss as of 6/30/2016

CERTIFICATION: (must be signed by both individuals)

I certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge.



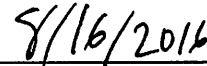
EXECUTIVE DIRECTOR (or equivalent)



DATE



PRESIDENT, BOARD OF DIRECTORS (or equivalent)



DATE

(1)
(Organization's Most Recent Fiscal Year-End Financial Statement
to include all fund balances on all organization's funds)

(All Funds)

Advocates for Victims of Violence
Balance Sheet
As of June 30, 2016

	Jun 30, 16
ASSETS	
Current Assets	
Checking/Savings	
First National Bank AK Savings	78,824.75
First National Bank Time Account	25,000.00
Wells Fargo - Time Account 2	10,268.69
Wells Fargo Gaming Checking	4,990.54
Wells Fargo Operating Checking	719.89
Wells Fargo Operating CMC	161,649.20
Wells Fargo, Time Account	10,243.27
Total Checking/Savings	291,696.34
Other Current Assets	
Petty cash	700.00
Prepaid expenses	1,642.33
Total Other Current Assets	2,342.33
Total Current Assets	294,038.67
Fixed Assets	
Accumulated Depreciation	-282,061.19
Furniture, fixtures, & equip	135,392.70
Vehicle	33,265.00
Woodside Building	509,304.08
Total Fixed Assets	395,900.59
TOTAL ASSETS	689,939.26
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Accrued paid leave	8,181.38
Payroll Liabilities	-11,028.73
Unearned/deferred rev - other	10,000.00
Total Other Current Liabilities	7,152.65
Total Current Liabilities	7,152.65
Total Liabilities	7,152.65
Equity	
Opening Bal Equity	657,959.55
Unrestrict (retained earnings)	-6,931.10
Net Income	31,758.16
Total Equity	682,786.61
TOTAL LIABILITIES & EQUITY	689,939.26

1:06 PM.

Advocates for Victims of Violence

Profit & Loss

July 2015 through June 2016

08/30/16

Accrual Basis

	Jul '15 - Jun 16
Ordinary Income/Expense	
Income	
Contribution (monetary)	37,817.39
Fundraising Income (Non-Gaming)	162.00
Grant Revenue	427,335.51
Interest Income	238.27
Other Income	194.74
Women of Distinction	
Monetary Contribution	5,550.00
Raffle	1,610.00
Silent Auction	7,637.10
Ticket Sales & Tables	5,327.84
Total Women of Distinction	20,124.94
Total Income	485,872.85
Expense	
Commodities	
Client Emergency Shelter	513.38
Food Supplies	3,214.68
Household/Mass Shelter Expense	16.95
Office Expense	
Public Relations Expense	994.42
Office Expense - Other	3,854.78
Total Office Expense	4,849.20
Other Commodities Expense	
Other Shelter Expense	543.40
Rental Assistance Expense	1,170.00
Utility Assistance Expense	387.20
Other Commodities Expense - Other	875.41
Total Other Commodities Expense	2,976.01
Program Supply Expense	
Children's Program	4,667.34
Direct Services Expense	8,004.57
Outreach	102.20
Program Supply Expense - Other	553.99
Total Program Supply Expense	13,328.10
Commodities - Other	157.19
Total Commodities	25,055.51
Communications Expense	
Postage Expense	317.14
Telephone Expense	7,337.02
Total Communications Expense	7,654.16
Contractual	
Advertising Expense	6,016.45
Bank Finance Charge	69.61
Dues and Subscriptions	4,349.28
Insurance Expense	8,607.00
Professional Services Expense	
Audit and Accounting Expense	16,321.94
Medical Expense	69.00
Other Contractual Expense	240.00
Professional Services Expense - Other	3,191.74
Total Professional Services Expense	19,822.68
Training and Registration Expen	645.95

Advocates for Victims of Violence
Profit & Loss
July 2015 through June 2016

	Jul '15 - Jun 16
Total Contractual	39,510.97
Equipment Expense	
Maintenance and Repair Expense	38.43
Purchase	658.00
Equipment Expense - Other	4,633.39
Total Equipment Expense	5,329.82
Facility Expense	
Repairs and Maintenance Expense	4,687.55
Utility Expense	9,122.35
Total Facility Expense	13,809.90
Fundraising Exp. (WoD)	13,439.29
Fundraising Expense (Non-Gaming)	838.00
Fundraising Expense	
Gaming Permit	120.00
Non Gaming Expense	45.00
Fundraising Expense - Other	475.00
Total Fundraising Expense	640.00
Payroll Expenses	
Benefits Expense	
Health/Life Insurance Expense	630.89
Pension plan contributions	12,414.87
Workers Compensation Expense	16,592.00
Benefits Expense - Other	16,593.93
Total Benefits Expense	46,231.69
Payroll Expenses - Other	286,377.26
Total Payroll Expenses	332,608.95
Travel	
Client Emergency Transportation	3,421.31
Lodging Expense	1,629.77
Outreach	
Lodging	198.00
Per Diem	516.00
Transportation	240.60
Total Outreach	954.60
Per Diem	5,286.00
Transportation Expense	
Gas	2,239.21
Transportation Expense - Other	79.00
Total Transportation Expense	2,318.21
Travel	338.20
Travel - Other	1,280.00
Total Travel	15,228.09
Total Expense	454,114.69
Net Ordinary Income	31,758.16
Net Income	31,758.16

(Copy of Three Prior Fiscal Years' Balance Sheets)

Advocates for Victims of Violence, Inc.

Statements of Financial Position

<i>June 30,</i>	2014	2013
Assets		
Current Assets		
Cash	\$ 265,267	\$ 263,126
Prepaid expenses and other assets	1,984	1,984
Total Current Assets	267,251	265,110
Property and equipment, net	326,961	331,841
Total Assets	\$ 594,212	\$ 596,951
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 342	\$ 48
Accrued payroll expenses	12,498	8,369
Deferred revenue	10,000	10,000
Total Current Liabilities	22,840	18,417
Net Assets - unrestricted	571,372	578,534
Total Liabilities and Net Assets	\$ 594,212	\$ 596,951

See accompanying notes to financial statements.

Advocates for Victims of Violence, Inc.

Statements of Financial Position

<i>June 30,</i>	2015	2014
Assets		
Current Assets		
Cash	\$ 261,117	\$ 265,267
Prepaid expenses and other assets	1,642	1,984
Total Current Assets	262,759	267,251
Property and equipment, net	395,901	326,961
Total Assets	\$ 658,660	\$ 594,212
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 482	\$ 342
Accrued payroll expenses	8,181	12,498
Deferred revenue	10,000	10,000
Total Current Liabilities	18,663	22,840
Net Assets - unrestricted	639,997	571,372
Total Liabilities and Net Assets	\$ 658,660	\$ 594,212

See accompanying notes to financial statements.

(3)

(Organization's Current Operating Budget)
(All Funds)

(4)

Advocates for Victims of Violence, Inc.
FY 2017

Program Budget Summary

BUDGET CATEGORY	CDVSA AWARD	REQUIRED MATCH		TOTAL PROJECT
		CASH	IN-KIND	
100 PERSONAL SERVICES	274,925	29,840	42,000	346,765
200 TRAVEL	6,400	4,500	3,500	14,400
300 FACILITIES	18,619	9,500	2,500	30,619
400 COMMODITIES	12,700	14,000	2,500	29,200
500 EQUIPMENT	4,600	1,000	1,000	6,600
600 OTHER CONTRACTUAL	33,200	8,000	4,000	45,200
TOTAL DIRECT COST	350,444	66,840	55,500	472,784
INDIRECT COST _____ % of \$ _____	0	0	0	0
TOTAL PROJECT COST	350,444	66,840	55,500	472,784

Program Budget Summary Award

Advocates for Victims of Violence, Inc.
FY 2017

Budget Detail by Source of Funds							
Cost Category		This Award			Required Match		
100 PERSONAL SERVICES	FTE	CDVSA	VOCA	FVPSA	Cash	In-Kind	Total Project
Position Title							
A. Executive Director	1.0	66,824			2,516		69,340
B. Direct Services	1.0	40,586					40,586
C. Youth Services Coordinator	1.0	31,718			10,500		42,218
D. Office Manager	1.0	30,000			1,824		31,824
F. Advocates		16,503	30,997		15,000		62,500
G. Volunteer Staff Position						42,000	42,000
H.							0
I.							0
J.							0
K.							0
L.							0
M.							0
N.							0
O.							0
Subtotal		185,631	30,997	0	29,840	42,000	288,468
Fringe Benefits		58,297					58,297
Total Personal Expense		243,928	30,997	0	29,840	42,000	346,765
200 TRAVEL		CDVSA	VOCA	FVPSA	Cash	In-Kind	Total Project
Destination and Purpose							
A. Program Participant							
Emergency		1,000		1,400	1,000	500	3,900
Non-Emergency		2,000			500		2,500
B. Staff							
Training		2,000			3,000	3,000	8,000
Business							0
Total Travel Expense		5,000	0	1,400	4,500	3,500	14,400
300 FACILITIES		CDVSA	VOCA	FVPSA	Cash	In-Kind	Total Project
A. Rents/Leases							0
B. Communication				7,500	1,000	500	9,000
C. Utilities				8,000	5,500		13,500
D. Other							0
E. Minor Repair		1,000			2,000	1,000	4,000
F. Renovations							0
G. Maintenance		300		1,819	1,000	1,000	4,119
Total Facility Expense		1,300	0	17,319	9,500	2,500	30,619
400 COMMODITIES		CDVSA	VOCA	FVPSA	Cash	In-Kind	Total Project
A. Office Supplies		1,000			1,000	1,000	3,000
B. Program Supplies				8,000	8,000	1,500	17,500
C. Household Supplies				600	2,000		2,600
D. Medical Supplies							0
E. Food				3,100	1,500		4,600
F. Other					1,500		1,500
Total Commodities Expense		1,000	0	11,700	14,000	2,500	29,200

Advocates for Victims of Violence, Inc.
FY 2017

Budget Detail by Source of Funds							
Cost Category		This Award			Required Match		
500 EQUIPMENT		CDVSA	VOCA	FVPSA	Cash	In-Kind	Total Project
A. Maintenance and Repair						1,000	1,000
B. Lease and/or Rental				4,600	1,000		5,600
C. Purchase							0
Total Equipment Expense		0	0	4,600	1,000	1,000	6,600
600 OTHER CONTRACTUAL		CDVSA	VOCA	FVPSA	Cash	In-Kind	Total Project
A. Professional Services		13,000			4,000		17,000
B. Insurance		14,000			2,000		16,000
C. Dues and Subscriptions		4,200			1,000		5,200
D. Training and Registration					1,000	2,000	3,000
E. Printing and Advertising		2,000				2,000	4,000
F. Subcontracts							0
Total Other Contractual Expense		33,200	0	0	8,000	4,000	45,200
DIRECT COSTS		284,428	30,997	35,019	66,840	55,500	472,784
INDIRECT COSTS							0
TOTAL COSTS		284,428	30,997	35,019	66,840	55,500	472,784

PROGRAM INFORMATION

ORGANIZATION NAME: Advocates for Victims of Violence, Inc.

Program Title: Youth Services Program

Complete section below. Limit comments to this page.

1. Summarize the program you are proposing. (You will provide the details in the scope of services form.)

AVV provides education, prevention, and intervention services for individuals who are experiencing or have experienced domestic violence, sexual assault and/or child abuse. The Youth Services Program focuses on the children of Valdez. Education, awareness, and prevention programs are provided via after school programs, school presentations, summer camps, and special events throughout the year.

2. Briefly, but specifically, describe why the program to be funded under this proposal is needed and how it will benefit the Valdez community. Is this a new or existing program? How have you determined the need for your program?

This is an existing program and our goal here at AVV is to prevent future violence in our community. Through the education, prevention and awareness campaigns targeting our children and the youth, we are teaching them about healthy relationship and positive skills. We have served the community of Valdez for 35 years. We have determined that our community needs programs based on referrals from community organizations, surveys, statewide statistics and questionnaires.

3. Is this program year-round, seasonal, or a one-time event? year-round
Schedule: Beginning date: on-going Ending date: on-going

4. Estimated number of people to be served by this program? 1100
Provide formula for estimate:

AVV collects data on a monthly basis in the following categories: Individual advocacy, system advocacy, legal advocacy, and shelter participants as well as the increase in number of children participating in our after school programs and summer camps.

5. Target population served: (ie: youth, adult, Senior Citizens, disadvantaged, etc.)

98% of AVV's served population are women and children; 2% are men.

6. Is membership in your organization required for participation: Yes _____ No X

7. Fee to participant: Member \$ 0 Non-Member \$ 0

8. Number of paid program staff: Full-time 4 Part-time 8 Temporary _____

ORGANIZATION NAME: Advocates for Victims of Violence, Inc.

Program Information (continued)

9. Volunteer Services Information:

Number of volunteers:	Actual 2014	195
	Actual 2015	200
	Anticipated 2016	200
	Estimated 2017	190

Source of volunteers (parents, members, professionals, others):

Youth/Adults/Members/Non-members. AVV has a strong community support with volunteers from public and private sectors. AVV also utilizes volunteers from US Coast Guard, National Guard, Valdez City Schools, PWSC and Americorps.

Types of services provided by volunteers:

Computer Technician, photographers, camp volunteers, board members, crisis line, lawn care, building maintenance, fundraising and community events such as Women of Distinction, Walk A Mile In Her Shoes and

10. Where will you operate this program? What facilities?

Shelter programs operate at the AVV offices, after school programs operate at Hermon Hutchens Elementary School, Gilson Middle School, and other education and prevention programs operate at Valdez High School and the Teen Center.

11. What is the specific impact on your program if City funding is available at the following percentages of your request?

75% Prevention and education would be cut by 20% and child advocacy would be cut by 10%

50% Children Services, particularly intervention services for children will be but.

25% Essential children services would be extremely limited.

0% Children services would be completely eliminated.

12. The City is prohibited from contracting with businesses or persons that violate the Americans with Disabilities Act (ADA). What methods does your organization employ to comply with the requirements of ADA?

All bedrooms and the living area of the AVV shelter are on the lower level of the facility. One bedroom is fully accessible with a bathroom and shower that meet the ADA standards. The building is designed with all appropriate ramps, wide entries and wheelchair turning radius area. Handicapped parking is available.

Advocates for Victims of Violence, Inc.

ORGANIZATION NAME: _____

Program Information (continued)

13. Any other comments you would like to make about your program?

AVV continues to remain consistently busy with clients and community events. Over the last 35 years, AVV has been advocating to reduce domestic violence, sexual assault, and child abuse in our community. Unfortunately, violence behind closed doors still happens. However, due to hard work of AVV's staff and volunteers, the awareness campaigns, and the prevention and education in our school, we are making an impact. More victims are disclosing and reporting these crimes and they are seeking the help that they haven't in the past. Our 24-hour crisis line is always busy, which means that these adults are reaching out, sometimes for the first time and are actually talking about their victimization. They want to be healthy emotionally, physically, and mentally. What this means for the community as a whole is that there may be decrease in the number of call that the Valdez Police Department and the Office of Children Services receives.

AVV is striving to eliminate all domestic violence, sexual assault and child abuse in our community and this begins with our youth. The education and prevention piece is extremely important in this endeavor. Our future is with the children, and we need to protect and teach them that there is a different way of life, one that does not involve violence and abuse.

Our youth programs have continued to rise in numbers and are flourishing. The community, through awareness campaigns, are learning that AVV is not a frightening place and are sending their children to our after-school programs and summer camps are very helpful. The parents are understanding the message that we are presenting and that it is in conjunction with their own beliefs.

AVV has an amazing working relationship with the school district and are receiving more and more invitations to do classroom presentations. AVV is also working diligently with other community organizations such as Valdez Police Department, Providence Counseling Center, and Office of Children Services to assist victims get the help they need and deserve.

On behalf of AVV Board of Directors, the staff and the clients we serve, we would like to give a profound thank you to the City of Valdez for your past and continued support and for your dedication to helping us complete our mission in ending domestic violence, sexual assault and child abuse.

Grant Award History and Current-Year Request

2015		2016			2017
Award	Actual	Award	Estimate	Unspent	Request

Personnel & Prof Svcs

Personnel						
Legal						
Accounting						
Insurance	3,500	3,500	3,500	3,500	0	7,000
Dues	579	579	579	579	0	800
Other						
Total	4,079	4,079	4,079	4,079	0	7 ,800

Program Expenses

Contract Services	9,193	9,193	9,193	9,193	0	12,000
Supplies	9,516	9,516	9,516	9,516	0	11,500
Promotion	6,712	6,712	6,712	6,712	0	7,500
Other						
Total	25,421	25,421	25,421	25,421	0	31,000

Building, Supplies, Equip.

Rent	3,000	57.5%	1%			3,600
Utilities	4,000	4,000	4,000	4,000	0	4,100
Supplies						
Equipment, Capital						
Maintenance						
Printing, Promotion	3,500	3,500	3,500	3,500	0	3,500
Other						
Total	10,500	10,500	10,500	10,500	0	11,200
Grand Total	40,000	40,000	40,000	40,000	0	50,000

ORGANIZATION NAME: Advocates for Victims of Violence, Inc.

OPERATING EXPENSES OF PROPOSED PROGRAM

(Budget Form #1)

<u>Program Expenses:</u>	<u>Budget</u>	<u>Breakdown</u>
PERSONAL SERVICES:	\$ <u>66,253.00</u>	
Salaries/wages		\$ <u>58,481.00</u>
Employee benefits		\$ <u>7,772.00</u>
Other: _____		\$ _____
CONTRACTUAL SERVICES:	\$ <u>19,200</u>	
Reproduction/copying		\$ <u>0</u>
Equipment rental		\$ <u>3,600.00</u>
Data processing		\$ _____
Dues/subscriptions		\$ <u>600.00</u>
Contractual services		\$ <u>13,000.00</u>
Professional fees & services		\$ <u>2,000.00</u>
Other: _____		\$ <u>0</u>
OTHER SERVICES:	\$ <u>18,212.00</u>	
Volunteer services		\$ <u>0</u>
Communications/postage		\$ <u>3,212.00</u>
Printing		\$ <u>3,500.00</u>
Advertising/promotion		\$ <u>4,500.00</u>
Electricity		\$ <u>2,000.00</u>
Heating		\$ <u>2,500.00</u>
Travel/transportation		\$ <u>2,500.00</u>
Other: _____		\$ _____
COMMODITIES:	\$ <u>10,500.00</u>	
Clothing		\$ <u>0</u>
Office supplies		\$ <u>1,200.00</u>
Building maintenance		\$ <u>2,316.00</u>
Operating supplies		\$ <u>5,984.00</u>
Parts & supplies - equipment		\$ <u>1,000.00</u>
OTHER CHARGES/EXPENSES:	\$ <u>8,500.00</u>	
Insurance		\$ <u>8,500.00</u>
Contingencies		\$ _____
Training		\$ _____
Rent		\$ _____
Capital equipment		\$ _____
Office equipment		\$ _____
Other expenses: _____		\$ _____
TOTAL COST FOR OPERATION OF THIS PROGRAM:	\$ <u>122,665.00</u>	

ORGANIZATION NAME: Advocates for Victims of Violence, Inc.

FUNDING SOURCES FOR PROPOSED PROGRAM
(Budget Form #2)

This program budget covers the period of January 1, 2017 to Dec. 31, 2017

<u>SOURCES OF PROGRAM FUNDING</u>	<u>GOAL AMOUNT</u>	<u>%</u>	<u>COMMITTED (Y/N)</u>
Parent Organization	\$ <u>67,665.00</u>	<u>57.5</u>	<u>Yes</u>
Gifts and Contributions	\$ <u>2,000</u>	<u>1%</u>	<u>Yes</u>
Membership Dues	\$ _____	_____	_____
Fees & charges to participants	\$ _____	_____	_____
Private sector grants (specify source and date of award)			
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
Fundraisers (specify major fundraising events/programs)			
Women of Distinction	\$ <u>2,000</u>	<u>1%</u>	<u>Yes</u>
Gaming	\$ <u>1,000</u>	<u>.5%</u>	<u>Yes</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
Subtotal of Financial Support for this program:	\$ <u>72,665.00</u>	<u>60%</u>	
Supplemental Funding Requested from City of Valdez:	\$ <u>50,000.00</u>	<u>40%</u>	
<u>TOTAL FUNDING FOR OPERATION OF THIS PROGRAM:</u>	\$ <u>122,665.00</u>	100%	

NOTE: Projected program financial support should meet or exceed projected program expenditures. If not, you must provide an explanation. If the financial support is projected to exceed the expenditures by a substantial amount, please provide an explanation as to why grant funds are being requested for this program.

ORGANIZATION NAME: _____

SCOPE OF SERVICES

Timeline OUTCOMES for 2017 (What do you plan to accomplish in 2017 - be specific)

Goal 1. Enhance Crisis Intervention to domestic violence, sexual assault, child abuse and other violent crime to victims in our service area.

Objective 1.1 Provide information, advocacy, and other intervention and support services to victims in Valdez area.

Key Activities:

- A. Youth Services Coordinator will provide daily one-on-one advocacy, working to identify client needs.
- B. Youth Services Coordinator will work with clients to develop empowerment/action plans.
- C. Youth Services Coordinator will act as a liason between client and other services providers when necessary such as Office of Children's Services.
- D. Youth Services Coordinator will provide referrals to services when necessary.
- E. Sexual Assault Response Team trained staff to accompany, provide support, and transport for clients who are victims of sexual assault to the medical hospital for forensic examination and to Child Advocacy Center or Alaska Care for Forensic Interview.

Goal 2.1 Provide 75 personal support to 30 youth.

Key Activities:

- A. Executive Director will ensure that trained staff is available to provide on-call services to youth including accompaniment to medical and law enforcement facilities.
- B. Youth Services Coordinator will provide daily one-on-one contacts with youth.
- C. Youth Services Coordinator will ascertain history extent of abuse the youth has experienced.
- D. Youth services Coordinator will develop a safety plan with each youth.

Attach additional pages if necessary

Definition: Outcome - End product or result accomplished.

SCOPE OF SERVICES

Timeline OUTCOME for 2017

Goal 2.2: Reduce the impact of domestic violence and sexual assault on children who have been exposed to these forms of violence.

Objective: In FY17: AVV will provide 150 individual advocacy services to 50 children.

Activities:

1. Youth Services Coordinator or designated staff will provide daily one-on-one contacts with children.
2. Youth Services Coordinator will ascertain history and extent of abuse the child has experienced and complete a needs assessment for the child.
3. Youth Services Coordinator or Advocate will complete the orientation process with each child.
4. Youth Services Coordinator will develop a safety plan with each child.
5. Youth Services Coordinator will ensure all staff is trained in mandated reporting.

Objective: In FY17: AVV will provide 140 age-appropriate support/education group contacts for 400 children.

Activities:

1. Youth Services Coordinator will facilitate weekly children's group Express Yourself to elementary-aged boys and girls in grades 3-5, resident and non-resident children will be encouraged to attend.
2. Youth Services Coordinator will facilitate a weekly girl's empowerment group, Girls Time, to girls in grades 3 – 5.
3. Youth Services Coordinator will facilitate True You to 6th & 7th grade girls on weekly basis for a period of 12 weeks.
4. Youth Services Coordinator will do presentations at the high school for Teen Violence Awareness Month.
5. Youth Services Coordinator will incorporate safety checks and planning into all groups.

Objective: In FY17: AVV will provide 4 youth summer camps to 50 children and teens.

Activities:

1. Youth Services Coordinator will coordinate and facilitate 1 week-long River Run overnight Summer camp to 15 youth, aged 13 - 17.
2. Youth Services Coordinator will coordinate and facilitate 3 week-long Outdoor Adventure day camps to children in age groups, 1st & 2nd, 3rd-5th, 6th-8th grades.
3. Youth Services Coordinator will recruit volunteers and ensure staff/volunteers are trained in mandated reporting and have received proper background checks

Insurance Requirements

WORKERS COMPENSATION & EMPLOYERS LIABILITY INSURANCE POLICY
15I WS 06696
Item 1 Insured:

 Advocates for Victims of Violence, Inc.
 P.O. Box 524
 Valdez, AK 99686-0524

Producer:

 A USI Company
 3800 Centerpoint Drive
 Suite 540
 Anchorage, AK 99503

Federal Employer Tax Identification No.: 920083034

Risk Identification No.: 540007543

Other workplaces not shown above: See
 WC 99 06 02, Other Workplaces Endorsement

Form of business organization:
 Non-profit corporation

Item 2 Policy period: From 09/01/15 to 09/01/16 at 12:01 A.M. standard time at your mailing address shown above

Item 3 A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation law of the state(s) listed here: Alaska

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:

Bodily injury by accident	\$ 100,000 each accident
Bodily injury by disease	\$ 500,000 policy limit
Bodily injury by disease	\$ 100,000 each employee

C. Other states insurance: Part Three of the policy applies to the states, if any, listed here: None

D. Endorsements and schedules: See WC 99 06 22, Table of Contents

Item 4 Premium: The premium for this policy shall be determined by our rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

Classifications	Code	Estimated Annual Remuneration	Rate Per \$100	Estimated Annual Premium
Alaska - State Act				
Group Homes - All Employees & Salespersons, Drivers	8842	300,600	4.990	15,000
Experience Modification (.91)	9898			[1,350]
Estimated Premium Discount	0063			[328]
Terrorism	9740	300,600	.017	51
Alaska Insurance Guaranty Association Surcharge (.0200)	0986			267
Minimum Premium		\$374	Deposit Premium	\$13,640
			Estimated Annual Premium	\$13,640

Premium audit frequency: Annual

 Countersigned by Bernie Raven (Authorized Representative)

TABLE OF CONTENTS

Form Title	Form Number	Endorsement Number
<u>Insurance Policy</u>		
Workers Compensation Information Page	WC 00 00 01A (07 11)	
Table of Contents	WC 99 06 22 (10 99)	
Other Workplaces Endorsement	WC 99 06 02 (03 95)	1
Workers Compensation and Employers Liability Insurance Policy	WC 00 00 00C (01 15)	
Alaska Notice of Installment Option Endorsement	WC 54 06 01A (01 13)	2
Alaska Limitation Endorsement - Rule 82 Attorney Fees - Form A	WC 99 03 09 (04 05)	3
Premium Discount Endorsement	WC 00 04 06A (08 95)	4
Notification of Change in Ownership Endorsement	WC 00 04 14 (07 90)	5
Premium Due Date Endorsement	WC 00 04 19 (01 01)	6
Terrorism Risk Insurance Program Reauthorization Act Disclosure		
Endorsement	WC 00 04 22B (01 15)	7
Alaska Cancellation and Nonrenewal Endorsement	WC 54 06 02 (04 95)	8
<u>Additional Information and Notices</u>		
Employer Information	ANIC 168 (09 14)	
Rule 82 Coverage Limitation Notice A - Part Two, Employers Liability Insurance	PN WC 179 (04 05)	
Alaska Policyholder Notice - Access to Manual Information	Form 54-2 (03 13)	
Premium Installment Notice	PN 218 (07 12)	
Consumer Privacy Statement	PN 184 (07 01)	



**PHILADELPHIA
INSURANCE COMPANIES**

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

**Philadelphia Indemnity Insurance Company
COMMON POLICY DECLARATIONS**

Policy Number: PHPK1369341

Named Insured and Mailing Address:
Advocates For Victims Of Violence
PO Box 524
Valdez, AK 99686-0524

Producer: 20910
Kibble & Prentice Holding Company dba a
3800 CENTERPOINT DR
Anchorage, AK 99503

Policy Period From: 09/01/2015 **To:** 09/01/2016

(907)297-7313

at 12:01 A.M. Standard Time at your mailing
address shown above.

Business Description: Non Profit Organization

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	1,765.00
Commercial General Liability Coverage Part	3,222.00
Commercial Crime Coverage Part	229.00
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	1,165.00
Businessowners	
Workers Compensation	

Total \$ **6,381.00**

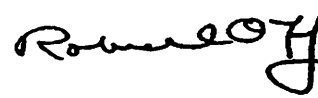
Total Includes Federal Terrorism Risk Insurance Act Coverage **20.00**

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD- PIIC (06/14)


Secretary


President and CEO

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK1369341

Agent # 20910

☒ See Supplemental Schedule

LIMITS OF INSURANCE

\$	1,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
\$	1,000,000	Products/Completed Operations Aggregate Limit (Any One Person Or Organization)
\$	1,000,000	Personal and Advertising Injury Limit
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit
\$	5,000	Medical Expense Limit (Any One Person)

FORM OF BUSINESS: CORPORATION

Business Description: Non Profit Organization

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED: This policy is not subject to premium audit.

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED						
TOTAL PREMIUM FOR THIS COVERAGE PART:					\$ 3,222.00	\$

RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE

FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

Countersignature Date

Authorized Representative

Philadelphia Indemnity Insurance Company

POLICY NUMBER: PHPK1369341

COMMERCIAL AUTO
CA DS 03 03 10

BUSINESS AUTO DECLARATIONS

ITEM ONE

Named Insured and Mailing Address:

Advocates For Victims Of Violence
PO Box 524
Valdez, AK 99686-0524

Policy Period

From: 09/01/2015

To: 09/01/2016 At 12:01 AM Standard Time at your mailing address shown above

Previous Policy Number: PHPK1222015

Form Of Business: CORPORATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Premium shown is payable at inception: \$ ☐ Incl.

Audit Period (If Applicable): ☐ Annually ☐ Semiannually ☐ Quarterly ☐ Monthly

Endorsements Attached To This Policy

See Schedule Attached

Countersignature Of Authorized Representative

Name:

Title:

Signature:

Date:

Philadelphia Indemnity Insurance Company

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Policy Number: PHPK1369341

Named Insured: Advocates For Victims Of Violence

☒ See Supplemental Schedule

Agent # 20910

BUSINESS DESCRIPTION: Non Profit Organization

DESCRIPTION OF PREMISES:

Prem. No.	Bldg No.	Location, Fire Protection/Construction and Occupancy
--------------	-------------	--

SEE SCHEDULE ATTACHED

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of Loss Form (1)	Coinsurance(2)	Deductible
--------------	--------------	----------	-----------------------	----------------------------	----------------	------------

SEE SCHEDULE ATTACHED

OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Amount	Agreed Value Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
--------------	--------------	----------	--------	---------------------------------	---------------------------------	--------------------

SEE SCHEDULE ATTACHED

OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity (Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
--------------	--------------	----------------------	------------------------	--	--------------------------------	--

SEE SCHEDULE ATTACHED

DEDUCTIBLE:

SEE SCHEDULE ATTACHED

MORTGAGE HOLDERS:

Refer To Mortgagee/Loss Payee Schedule

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:

Refer To Forms Schedule

TOTAL PREMIUM FOR THIS COVERAGE PART \$ 1,765.00

(1) EQ (if shown) = Earthquake (2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

Countersignature Date

Authorized Representative

ITEM TWO**Schedule Of Coverages And Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit	Premium
Liability	07, 08, 09	\$ 1,000,000 CSL	\$ 809.00
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible	\$
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident	\$
Auto Medical Payments	07	\$ 5,000	\$ 19.00
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In The Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists	07	\$ 1,000,000 CSL	\$ 82.00
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)	07	\$ 1,000,000 CSL	\$ INCL

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage	07	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ SCHEDULE Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning See Item Four for Hired or Borrowed Autos.	\$ 96.00
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 25 Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Collision Coverage	07	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ SCHEDULE Deductible For Each Covered Auto See Item Four for Hired or Borrowed Autos.	\$ 157.00
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto	\$
Terrorism	All	Per Coverage Endorsement	\$ 2.00
Premium For Endorsements			\$
Estimated Total Premium*			\$ 1,165.00
*This policy may be subject to final audit.			

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK1369341

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION								TERRITORY		
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)								Town or City & Zip where the Covered Auto will be principally garaged		
1	2011 FORD ECONOLINE E350 SUPER, 1FBSS3BL9BDA23899								103 Valdez, AK 99686		
Covered Auto No.	CLASSIFICATION								PURCHASED		
	Radius of Operation	Business Use s = service r = retail c = comml.	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Sec. Rating Factor		Code	Original Cost New	Stated Amount
					Liab.	Phy. Dam.	Liab.	Phy. Dam.			
1	LOCAL		15	5	0.500	1.200	-0.15		6552	33,370	
Total Premium											
Covered Auto No.	LIABILITY		AUTO. MED.		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VA ONLY)						
	Limit (in thousands)	Premium	Limit	Premium	Limit Stated In Each Med. Exp. And Inc. Loss Ben. End. For Each Person		Premium				
1	1,000	580.00	5,000	19.00							
Total Premium		580.00		19.00							
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich, Only)		UNINSURED/UNDERINSURED						
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	Limit (in thousands)	Premium	UM	UIM			
1					1,000	82.00	X	X			
Total Premium						82.00					