

GRANT FUNDING REQUEST FOR COMMUNITY SERVICE ORGANIZATIONS

2019 FUNDING REQUEST/CERTIFICATION FORM

ORGANIZATION NAME: Advocates for Victims of Violence, Inc/ PHONE: 835-2980
 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 2019: \$ 45,000

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

2. Organization's estimated TOTAL 2019 operating budget: \$ 558,671

3. Historical Funding and Membership Information

	Total CSO Budget	City Funding	City % of Total	# of Members
2016	480,283	40,000	7%	90
2017	472,784	45,000	8%	85
2018	486,203	45,000	9%	85
2019	570,753	45,000	8%	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 Hutchen Elementary School
3. True You - After School Program at Gilson Middle School
4. Outdoor Adventure Camps - 3 summer camps for kids going into: 1st-2nd grade, 3rd-5th grade, and 6th-8th grades
5. Outdoor Adventure Overnight Camp - 9th-12th grade
6. Child Abuse Prevention and Awareness Month
7. Teen Dating Violence Awareness Month
8. Teen Talk
9. Domestic Violence Awareness Month activities at Valdez 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 and advocacy for children staying at the shelter

ATTACHMENTS: (label as indicated)

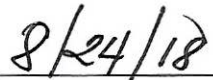
- Copy of your organization's most recent fiscal year end financial statements including balance sheet and profit and loss, and sources and uses of revenues. These statements must also show all accumulated fund balances for all of the organization's assets. (label page 2)
- Copy of balance sheets from 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 2019 budget, including revenues and expenditures. (label page 5)
- Copy of your organization's balance sheet and profit and loss as of 6/30/2018

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.



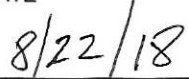
EXECUTIVE DIRECTOR (or equivalent)



DATE



PRESIDENT, BOARD OF DIRECTORS (or equivalent)



DATE

(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, 2018

	Jun 30, 18
ASSETS	
Current Assets	
Checking/Savings	
First National Bank AK Savings	79,251.98
First National Bank Time Account	25,000.00
Wells Fargo - Time Account 2	10,284.09
Wells Fargo Gaming Checking	2,809.57
Wells Fargo Operating Checking	13,202.06
Wells Fargo Operating CMC	199,465.76
Wells Fargo, Time Account	10,261.71
Total Checking/Savings	340,275.17
Other Current Assets	
Petty cash	700.00
Prepaid expenses	1,455.20
Total Other Current Assets	2,155.20
Total Current Assets	342,430.37
Fixed Assets	
Accumulated Depreciation	-331,292.12
Furniture, fixtures, & equip	39,267.55
Vehicle	24,000.00
Woodside Building	655,992.66
Total Fixed Assets	387,968.09
TOTAL ASSETS	730,398.46
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Accrued paid leave	8,648.66
Payroll Liabilities	-2,854.69
Total Other Current Liabilities	5,793.97
Total Current Liabilities	5,793.97
Total Liabilities	5,793.97
Equity	
Opening Bal Equity	653,486.17
Unrestrict (retained earnings)	42,984.85
Net Income	28,133.47
Total Equity	724,604.49
TOTAL LIABILITIES & EQUITY	730,398.46

Advocates for Victims of Violence

Profit & Loss

July 2017 through June 2018

	Jul '17 - Jun 18
Ordinary Income/Expense	
Income	
Contribution (monetary)	29,375.94
Fundraising (Gaming)	
Raffles	10,000.00
Fundraising (Gaming) - Other	5,649.00
Total Fundraising (Gaming)	15,649.00
Grant Revenue	492,894.00
Interest Income	295.56
Women of Distinction	
Monetary Contribution	8,100.00
Raffle	2,000.00
Silent Auction	10,506.00
Ticket Sales & Tables	8,465.00
Total Women of Distinction	29,071.00
Total Income	567,285.50
Expense	
Commodities	
Client Emergency Shelter	227.90
Food Supplies	6,443.02
Food Supply Expense	1,471.50
Household/Mass Shelter Expense	654.21
Office Expense	
Public Relations Expense	414.41
Office Expense - Other	1,860.89
Total Office Expense	2,275.30
Other Commodities Expense	
Rental Assistance Expense	1,450.00
Utility Assistance Expense	675.11
Other Commodities Expense - Other	1,526.95
Total Other Commodities Expense	3,652.06
Program Supply Expense	
Children's Program	4,966.18
Direct Services Expense	5,175.59
Outreach	141.00
Teen Group	4,024.91
Program Supply Expense - Other	5,517.58
Total Program Supply Expense	19,825.26
Commodities - Other	2,755.96
Total Commodities	37,305.21
Communications Expense	
Postage Expense	487.45
Telephone Expense	9,381.40
Communications Expense - Other	329.00
Total Communications Expense	10,197.85
Contractual	
Advertising Expense	7,908.00
Bank Finance Charge	52.00
Dues and Subscriptions	6,547.54
Insurance Expense	9,953.44
Professional Services Expense	
Audit and Accounting Expense	16,703.00
Other Contractual Expense	240.00
Outreach Services	20.00

Advocates for Victims of Violence

Profit & Loss

July 2017 through June 2018

	Jul '17 - Jun 18
Professional Services Expense - Other	11,800.00
Total Professional Services Expense	28,763.00
Training and Registration Exp	3,101.00
Total Contractual	56,324.98
Equipment Expense	
Maintenance and Repair Expense	29.99
Purchase	1,657.62
Equipment Expense - Other	11,909.68
Total Equipment Expense	13,597.29
Facility Expense	
Repairs and Maintenance Expense	1,865.63
Utility Expense	10,681.72
Total Facility Expense	12,547.35
Fundraising Exp. (WoD)	11,404.87
Fundraising Expense (Non-Gaming)	132.24
Fundrising Expense	
Gaming Permit	20.00
Raffles	1,000.00
Fundrising Expense - Other	12,098.40
Total Fundrising Expense	13,118.40
Misc. Expense	0.00
Payroll Expenses	
Benefits Expense	
Health/Life Insurance Expense	4,182.53
Pension plan contributions	5,473.56
Workers Compensation Expense	12,698.00
Benefits Expense - Other	30,142.80
Total Benefits Expense	52,496.89
Payroll Expenses - Other	303,513.85
Total Payroll Expenses	356,010.74
Travel	
Client Emergency Transportation	3,083.02
Lodging Expense	3,855.92
Outreach	
Lodging	1,977.41
Per Diem	924.00
Transportation	41.00
Outreach - Other	41.08
Total Outreach	2,983.49
Per Diem	6,784.00
Transportation Expense	
Gas	2,764.05
Transportation Expense - Other	1,902.84
Total Transportation Expense	4,666.89
Travel - Other	7,139.78
Total Travel	28,513.10
Total Expense	539,152.03
Net Ordinary Income	28,133.47
Net Income	28,133.47

(Copy of Three Prior Fiscal Years' Balance Sheets)

Advocates for Victims of Violence, Inc.

Statements of Financial Position

<i>June 30,</i>	2017	2016
Assets		
Current Assets		
Cash	\$ 315,737	\$ 292,399
Prepaid expenses and other assets	1,455	8,707
Total Current Assets	317,192	301,106
Property and equipment, net	387,969	414,013
Total Assets	\$ 705,161	\$ 715,119
Liabilities and Net Assets		
Current Liabilities		
Accrued payroll expenses	8,693	7,811
Net Assets - unrestricted	696,468	707,308
Total Liabilities and Net Assets	\$ 705,161	\$ 715,119

See accompanying notes to financial statements.

Advocates for Victims of Violence, Inc.

Statements of Financial Position

<i>June 30,</i>	2016	2015
Assets		
Current Assets		
Cash	\$ 292,399	\$ 261,117
Prepaid expenses and other assets	8,707	1,642
Total Current Assets	301,106	262,759
Property and equipment, net	414,013	395,901
Total Assets	\$ 715,119	\$ 658,660
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ -	\$ - 482
Accrued payroll expenses	7,811	8,181
Deferred revenue	-	10,000
Total Current Liabilities	7,811	18,663
Net Assets - unrestricted	707,308	639,997
Total Liabilities and Net Assets	\$ 715,119	\$ 658,660

See accompanying notes to financial statements.

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

Advocates For Victims of Violence, Inc.

Budget Detail by Source of Funds

FY 2019

Cost Category		This Award			Required Match		
100 PERSONAL SERVICES	FTE	CDVSA	VOCA	Prevention	Cash	In-Kind	Total Project
Position Title							
A. Executive Director	1.0	80,000			3,554		83,554
B. Direct Services	1.0		49,658				49,658
C. Youth Services	1.0		30,000		10,000		40,000
D. Office Manager	1.0	20,154	12,153		4,114		36,421
E. Prevention Coordinator	1.0			29,137			29,137
F. Advocates			65,000		5,000		70,000
G. Volunteer Staff Position	2.5					42,000	42,000
O.							0
Subtotal		100,154	156,811	29,137	22,668	42,000	350,770
Fringe Benefits		22,800	63,139	7,828			93,767
Total Personal Expense		122,954	219,950	36,965	22,668	42,000	444,537
200 TRAVEL		CDVSA	VOCA	Prevention	Cash	In-Kind	Total Project
Destination and Purpose							
A. Program Participant:							
Emergency			2,500		1,000		3,500
Non-Emergency			1,500		500		2,000
B. Staff:							
Training			4,500	6,995	2,000		13,495
Business			4,000	1,660	1,000		6,660
Total Travel Expense		0	12,500	8,655	4,500	0	25,655
300 FACILITIES		CDVSA	VOCA	Prevention	Cash	In-Kind	Total Project
A. Rents/Leases							0
B. Communication			8,500	600	1,000	600	10,700
C. Utilities			6,500	600	5,500		12,600
D. Other							0
E. Minor Repair			500			800	1,300
F. Renovations							0
G. Maintenance			500		1,000		1,500
Total Facility Expense		0	16,000	1,200	7,500	1,400	26,100
400 COMMODITIES		CDVSA	VOCA	Prevention	Cash	In-Kind	Total Project
A. Office Supplies			500		1,000		1,500
B. Program Supplies			8,000	1,000	4,000		13,000
C. Household Supplies			800				800
D. Medical Supplies							0
E. Food			3,000	1,000	1,500		5,500
F. Other							0
Total Commodities Expense		0	12,300	2,000	6,500	0	20,800
500 EQUIPMENT		CDVSA	VOCA	Prevention	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	4,600	0	1,000	1,000	6,600
600 OTHER CONTRACTUAL		CDVSA	VOCA	Prevention	Cash	In-Kind	Total Project
A. Professional Services			13,000	9,761	1,000		23,761
B. Insurance			12,700		2,000		14,700
C. Dues and Subscriptions			1,500		3,000		4,500
D. Training and Registration					1,000		1,000
E. Printing and Advertising			2,600	500			3,100
F. Subcontracts							0
Total Other Contractual Expense		0	29,800	10,261	7,000	0	47,061
DIRECT COSTS		122,954	295,150	59,081	49,168	44,400	570,753
INDIRECT COSTS							0
TOTAL COSTS		122,954	295,150	59,081	49,168	44,400	570,753

(Copy of Proposed 2019 Budget)

(All Funds)

Advocates for Victims of Violence, Inc.
Program Budget Summary
FY 2019

BUDGET CATEGORY	CDVSA AWARD	REQUIRED MATCH		TOTAL PROJECT
		CASH	IN-KIND	
100 PERSONAL SERVICES	379,869	22,668	42,000	444,537
200 TRAVEL	21,155	4,500	0	25,655
300 FACILITIES	17,200	7,500	1,400	26,100
400 COMMODITIES	14,300	6,500	0	20,800
500 EQUIPMENT	4,600	1,000	1,000	6,600
600 OTHER CONTRACTUAL	40,061	7,000	0	47,061
TOTAL DIRECT COST	477,185	49,168	44,400	570,753
INDIRECT COST _____ % of \$ _____	0	0	0	0
TOTAL PROJECT COST	477,185	49,168	44,400	570,753

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 programs are provided via after school programs, school presentations, summer camps, and 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. AVV's goal is to prevent future occurrence of violence in our community. Through education, prevention and awareness campaigns targeting our children and the youth, we are teaching them healthy relationship and positive skills. We have determined our community needs programs based on referrals from community organization, 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? 1,100
Provide formula for estimate:

AVV collects data on a monthly basis in the following categories: individual advocacy, system advocacy, legal advocacy, and shelter participants. AVV also collect data on the number of children participating in after-school programs and summer camps.

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

96% of AVV's served population are women and children, 2% are men, 1% people

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 5 Part-time 8 Temporary

ORGANIZATION NAME: Advocates for Victims of Violence, Inc.

Program Information (continued)

9. Volunteer Services Information:

Number of volunteers:	Actual 2016	200
	Actual 2017	190
	Anticipated 2018	190
	Estimated 2019	195

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

AVV has a strong community support with volunteers from public and private sectors. AVV utilizes volunteers from US Coast Guards, Valdez City Schools, Valdez Police Department, PWSC, Alyeska Pipeline employees, hospital staff and local business. Youth/Adults/Teachers/

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 and Walk A Mile in Her Shoes.

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

Shelter programs operates at AVV conference room/offices. After-school programs operates at HHES and GMS. Prevention and education programs operate at VHS.

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 will be cut by 10%.

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

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 living area of AVV's 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. AVV also has a handicapped parking available.

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, 2019 to December 31, 201

<u>SOURCES OF PROGRAM FUNDING</u>	<u>GOAL AMOUNT</u>	<u>%</u>	<u>COMMITTED (Y/N)</u>
Parent Organization	\$ <u>72,665.00</u>	<u>60</u>	<u>Y</u>
Gifts and Contributions	\$ <u>2,500.00</u>	<u>2</u>	<u>Y</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>2,500.00</u>	<u>2</u>	<u>Y</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
Subtotal of Financial Support for this program:	\$ <u>77,665.00</u>	<u>64</u>	
Supplemental Funding Requested from City of Valdez:	\$ <u>45,000.00</u>	<u>36</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: _____

Program Information (continued)

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

AVV continues to remain consistent with clients, after-school programs, awareness campaign and community events. Over the last 37 years, AVV has been providing services to victims of domestic violence and sexual assault. We are also advocating to reduce the incidents of domestic violence, sexual assault and child abuse in our community. Unfortunately, violence still happens behind closed doors. However, because of the awareness campaign, prevention and education effort provided by AVV staff in our school, we are making an impact on students and to the community. More victims are reporting the crime of domestic violence, sexual assault and child abuse. They are coming out to disclose the incidents and are seeking assistance either in person or by calling AVV's 24-hour crisis line. They sought assistance to be physically, emotionally and mentally healthy as well as to seek justice for the crime committed by their perpetrators against them. People are beginning to understand that domestic violence is not a way of life instead, domestic violence is a crime punishable by law. The moment of silence is over.

AVV is striving to eliminate domestic violence, sexual assault and child abuse in our community, and the best way to start is with the youth. The education and prevention piece is extremely important in this endeavor. Our future is with the children therefore, we need to protect and educate them about healthy choices, life does not have to involve violence and abuse.

Our youth programs have continued to rise in numbers and are flourishing. At the beginning of the new school year, more parents are sending their children to participate in AVV's after school programs such as Girls Time, and Express Yourself at the elementary school and at Gilson Middle School. The summer camps is also a very popular to the extent that we always have children on waitlist. Both after school programs and summer camps is a place where children learn positive skills, and healthy decision making through group activities.

On behalf of AVV Board of Directors, the staff and the clients we served, we would like to give our 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 and sexual assault.

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: _____		<u>\$ _____</u>
CONTRACTUAL SERVICES:	<u>\$ 19,200</u>	
Reproduction/copying		<u>\$ _____</u>
Equipment rental		<u>\$ 3,600.00</u>
Data processing		<u>\$ _____</u>
Dues/subscriptions		<u>\$ 600.00</u>
Contractual services		<u>\$ 13,000.00</u>
Professional fees & services		<u>\$ 2,000.00</u>
Other: _____		<u>\$ _____</u>
OTHER SERVICES:	<u>\$ 18,212.00</u>	
Volunteer services		<u>\$ _____</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: _____		<u>\$ _____</u>
COMMODITIES:	<u>\$ 10,500.00</u>	
Clothing		<u>\$ _____</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		<u>\$ _____</u>
Training		<u>\$ _____</u>
Rent		<u>\$ _____</u>
Capital equipment		<u>\$ _____</u>
Office equipment		<u>\$ _____</u>
Other expenses: _____		<u>\$ _____</u>
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, 2019 to December 31, 201

<u>SOURCES OF PROGRAM FUNDING</u>	<u>GOAL AMOUNT</u>	<u>%</u>	<u>COMMITTED (Y/N)</u>
Parent Organization	\$ <u>72,665.00</u>	<u>60</u>	<u>Y</u>
Gifts and Contributions	\$ <u>2,500.00</u>	<u>2</u>	<u>Y</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>2,500.00</u>	<u>2</u>	<u>Y</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
Subtotal of Financial Support for this program:	\$ <u>77,665.00</u>	<u>64</u>	
Supplemental Funding Requested from City of Valdez:	\$ <u>45,000.00</u>	<u>36</u>	
<u>TOTAL FUNDING FOR OPERATION OF THIS PROGRAM:</u>	\$ <u>122,665.00</u>	<u>100%</u>	

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.

Advocates for Victims of Violence, Inc.
ORGANIZATION NAME: _____

SCOPE OF SERVICES

Timeline OUTCOMES for 2019 (What do you plan to accomplish in 2019 - be specific)

Goal 1. Enhances 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.

Key Activities:

A. Youth Services Coordinator will provide daily one-on-one advocacy, working to identify clients needs.

B. Youth Services Coordinator will work with clients to develop empowerment/action plans that are victim centered, holistic and trauma approach.

C. Youth Services Coordinator will act as liason between clients and other service providers when necessary such as Office of Children Services.

D. Youth Services Coordinator will provide referrals to other service providers as necessary.

E. Sexual Assault trained responder (staff) will accompany, provide support, coordinate with the SART (Sexual Assault Response Team) to transport victim to the hospital for forensic examination and/or to the Child Advocacy Center or Alaska Care for forensic interview and examination if the victims are children.

Goal 2.1 Provide 75 Personal support to 30 youth.

Key Activities:

A. Executive Director will ensure that a 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 one-on-one contact 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 2019

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 FY19: 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 FY19: 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 FY19: 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 Requirement

WORKERS COMPENSATION & EMPLOYERS LIABILITY INSURANCE POLICY
17I WS 06696

Item 1 Insured: Advocates for Victims of Violence, Inc. P.O. Box 524 Valdez, AK 99686-0524	Producer: USI Northwest 3800 Centerpoint Drive Suite 540 Anchorage, AK 99503
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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 09/01/17 to 09/01/18 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	4.620	13,888
Experience Modification (.91)	9898			[1,250]
Estimated Premium Discount	0063			[240]
Terrorism	9740	300,600	.017	51
Alaska Insurance Guaranty Association Surcharge (.0200)	0986			249
Minimum Premium		\$347	Deposit Premium	\$12,698
			Estimated Annual Premium	\$12,698

Premium audit frequency: Annual

 Countersigned by Jeff Mouck (Authorized Representative)

POLICY NUMBER: PHUB599661


**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

COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	20910 Kibble & Prentice Holding Company dba 3800 Centerpoint Dr Ste 540 Anchorage, AK 99503 (907)297-7313
NAMED INSURED: Advocates For Victims Of Violence MAILING ADDRESS: PO Box 524 Valdez, AK 99686-0524 POLICY PERIOD: FROM <u>09/01/2017</u> TO <u>09/01/2018</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

**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.**

LIMITS OF INSURANCE	
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ <u>1,000,000</u>
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>1,000,000</u> Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>1,000,000</u>
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>1,000,000</u>

RETAINED LIMIT	
RETAINED LIMIT:	\$ <u>10,000</u>

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK1704330

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
\$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit (Any One Premises)
\$	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:					\$ 3,013.00	\$

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

BUSINESS AUTO DECLARATIONS**ITEM ONE**

Company Name: Philadelphia Indemnity Insurance Company	
Producer Name: Kibble & Prentice Holding Company dba US	
Named Insured And Mailing Address: Advocates For Victims Of Violence PO Box 524 Valdez, AK 99686-0524	
Policy Period	
From: 09/01/2017	
To: 09/01/2018 At 12:01 AM Standard Time at your mailing address shown above	
Previous Policy Number: PHPK1523612	
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: \$	1,123.00
Audit Period (if applicable):	<input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy
SEE SCHEDULE

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
Covered Autos Liability	07, 08, 09	\$ 1,000,000 CSL	\$ 780.00
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 Each Insured	\$ 17.00
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	\$ 80.00
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)	07	\$ 1,000,000 CSL	\$ INCL