

RESOLUTION AUTHORIZING THE FILING OF A GRANT APPLICATION TO THE OHIO ATTORNEY GENERAL'S OFFICE, CRIME VICTIMS SECTION FOR VICTIMS OF CRIME GRANT FUNDS (VOCA), PROSECUTOR'S OFFICE

WHEREAS, the Victims of Crime Act (VOCA) was passed by Congress and signed into law by the president on October 12, 1984 and establishes with the U.S. Treasury an account known as the Crime Victims' Fund; and

WHEREAS, the Victims of Crime Act (VOCA) Formula Grant Program provides federal funding to support victim assistance and compensation programs which benefit victims by providing training for professionals, developing projects to enhance victims' rights and services and undertaking public education and awareness activities on behalf of crime victims; and

WHEREAS, April Grabman, with the assistance of Hattie Eisweirth, has prepared an application to the Office of the Attorney General of the State of Ohio for a Victims of Crime Grant from the Office of Crime Victims Assistance; and

WHEREAS, the grant award amount is \$48,628.00 with a local cash match of \$12,157.00, for a total of \$60,785.00; and

WHEREAS, The Commissioners feel such a grant would be desirable and is necessary; now

THEREFORE, BE IT RESOLVED, By the Board of Commissioners of Ashtabula County, Ohio that an application be made to the Office of Attorney General for the State of Ohio for a local Crime Victims Assistance Grant for the period of October 1, 2025 through September 30, 2026 in accordance with a copy of said application on file in this office.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2025-291

June 24, 2025

RESOLUTION AUTHORIZING THE FILING OF A GRANT APPLICATION TO THE OHIO ATTORNEY GENERAL'S OFFICE, CRIME VICTIMS SECTION FOR VICTIMS OF CRIME GRANT FUNDS (VOCA), PROSECUTOR'S OFFICE

Upon the motion of Casey R. Kozlowski, seconded by Kathryn L. Whittington.

VOTE:

J.P. Ducro IV

Aye

Casey R. Kozlowski

Aye

Kathryn L. Whittington

Aye

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.



Lisa Hawkins, Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio

Your Request | Project Details

- View
- Details
- Essays
- Budget
- Documents
- Preview

Please fill out the application in its entirety. Applications with missing information may not be reviewed. As a reminder, the system will time out after 10 minutes of inactivity. It is recommended you save your responses after each question. If you wish to exit the application and return at a later time, be sure to save your responses.

All applications are due by July 2nd at 5pm.

Project Overview

Prior Funding?	Yes	Ohio House District(s)	65
Type of Applicant	Public Agency (Local)	Ohio Senate District(s)	32
Type of Application	<input type="checkbox"/> SVAA <input checked="" type="checkbox"/> VOCA	Ohio Congressional District(s)	14
Assistance Establishment Date	01/01/1985		

Fiscal Officer of Project

Fiscal Officer Name	Hattie Eisweirth	Phone Number	(440)576-3223
			Format: (###)###-####
Email	hmeisweirth@ashtabulacouni	Fax	(440)576-3600
			Format: (###)###-####

Organization Accounting System

Which accounting system is used by your organization?

Pick One

Counties Served

*Please hold down control to select multiple counties below. If you serve all counties in Ohio, please select "Statewide."

Current	Adams Allen Ashland Ashtabula	Proposed	Adams Allen Ashland Ashtabula
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Your Request | Project Details

Project Name: [Project Name] | Project ID: [Project ID]

Project Manager: [Project Manager Name] | Start Date: [Start Date]

Status: [Project Status] | Progress: [Progress Percentage]

Budget: [Budget Amount] | Actual Spend: [Actual Spend]

Key Deliverables: [Key Deliverables]

Risks: [Risks]

Next Steps: [Next Steps]

Contact: [Contact Information]

Approval: [Approval]

Comments: [Comments]

Signature: [Signature]

Priority Crime Categories and Underserved Victims

Indicate the percentage of the applicant's service that is aimed at the following crime categories. The percentages listed here should total 100%.

Child Abuse	<input type="text" value="20.00"/>	%	Sexual Assault	<input type="text" value="20.00"/>	%
Domestic Violence	<input type="text" value="20.00"/>	%	Other	<input type="text" value="20.00"/>	%
Underserved	<input type="text" value="20.00"/>	%	Other Explain (List Crime Types)	<input "="" type="text" value="We service all crime victims equally, as our agency meets the needs of all victim-related crimes. Others include: Adult Physical Assault, Arson, Bullying,"/>	

Indicate the percentage of the applicant's service that is aimed at the following types of victims.

Deaf or Hard of Hearing	<input type="text" value="12.50"/>	%	Immigrants/Refugees/Asylum Seekers	<input type="text" value="12.50"/>	%
Victims with Disabilities	<input type="text" value="12.50"/>	%	Lesbian, Gay, Bisexual, Transgender	<input type="text" value="12.50"/>	%
Elderly	<input type="text" value="12.50"/>	%	Veterans	<input type="text" value="12.50"/>	%
Homeless	<input type="text" value="12.50"/>	%	Other (Explanation Required)	<input type="text" value="12.50"/>	%

If 'other' was selected above, please define

Define Other

Program Service Summary

Please indicate your primary program classification.

Pick (use control to select multiple)

Sub programs

Please select the services the program provides or the standards that are met

Advocacy Programs

Select all of the types of criminal victimization categories your agency projects to serve for this grant period.

Pick (use control to select multiple)

Please explain how you will serve these clients.

Select all of the types of services to be provided by your agency for this grant period and detail how the services will be provided. Hold down Ctrl to select multiple services. **Note: All organizations must provide assistance with victim compensation applications to be eligible for VOCA funding.**

Services Provided

- Assistance with victim compensation application
- Information about the criminal justice system
- Information about victim rights
- Referral to other victim service programs
- Referral to other non-victim service programs
- Victim advocacy/accompaniment to emergency medical care
- Victim advocacy/accompaniment to medical forensic exam
- Individual advocacy (e.g., assistance in applying for public benefits)
- Performance of medical or non-medical forensic exam or interview
- Immigration assistance (e.g., special visas, etc)
- Intervention with employer, creditor, landlord, or academic institution

Explanation We strive to help and provide services for all crime victims in need. We are a diverse team and are extremely knowledgeable of the criminal justice system and the resources needed for a victim to overcome their situation. We work with our victims throughout the duration of the case in order to ensure that all needed services are covered for each victim we work with through the entire criminal justice system process.

Organization/Project Details

How is your project different from similar projects at other organizations in your service area?

Details Our office is different than other agencies that provide victim services in our area as we serve victims of ALL crimes, not just one focused area such as sexual assault or domestic violence. This allows us to reach out to many types of victims and help where our assistance is needed. We are able to help them regardless of the crime that was committed against them. We are also the only system-based advocacy team in the county.

Does your organization have a sustainability plan to maintain operations in the event of funding decreases? Explain.

Sustainability Plan We have applied for and secured other grants that will help bring us back to level funding from the past. In addition, the Ashtabula County Commissioners are willing to help us during a financial hardship on a temporary basis. We plan to continue to research and apply for other grants as the opportunities arise.

Data Collection

Does your program/organization collect data on its victim services program?

Data Collection Yes

How many non-anonymous victims did your VOCA funded or proposed VOCA funded program serve in the 2023-2024 grant cycle? (October 1, 2023-September 30, 2024)

Non-Anonymous Served 974

How many anonymous victims did your VOCA funded or proposed VOCA funded program serve in the 2023-2024 grant cycle? (October 1, 2023-September 30, 2024)

Anonymous Served 0

What was the total number of victims served in the 2023-2024 grant cycle? (non-anonymous + anonymous)

Total Served 974

During the 2023-2024 grant cycle, did your organization serve more or less victims than the previous grant cycle? Explain why you believe that is.

Increase/Decrease The slight decrease of 48 victims served from the 2022-2023 VOCA grant cycle to the 2023-2024 cycle (from 1,022 to 974) can probably be attributed to a combination of factors:

1. Case Severity and Duration:

Project Justification

How many full-time equivalent staff is your organization proposing to be funded by VOCA/SVAA?

FTE Staff

1

Using data reported in the Data Collection section above, how do you determine the number of FTE staff needed to serve the amount of victims your agency serves?

Staff Justification

Currently, our VOCA grant award has been unable to cover the number of staff properly needed to run the program efficiently and manage the cases with the number of victims serviced. The VOCA grant, at the current funding level, will only be able to provide coverage for 1 full time advocate next year that requires family insurance coverage as well as a livable wage plus other fringe benefits such as PERS and Medicare. Therefore, we have three full-time

Funding Changes

How have decreases in funding impacted your organization and the services provided to victims of crime? How will a decrease in the upcoming grant cycle impact your organization and the services provided to victims of crime?

Funding Changes

The Ashtabula County Victims of Crime Assistance Office is the sole countywide provider of comprehensive, trauma-informed advocacy for crime victims who interface with the Prosecutor's Office and the local court system. Over the past several decades our ability to deliver timely, wrap-around services has been directly tied to VOCA allocations. Successive cuts over the last several years have already forced measurable service contractions. The further

Save and Continue

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Details

Essays

Budget

Documents

Preview



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Your Request | Narrative

- [View](#)
- [Details](#)
- [Essays](#)
- [Budget](#)
- [Documents](#)
- [Preview](#)

Your Request | Narrative

The programmatic narrative questions below are separate from the budget request and budget narrative and, as such, should not include financial requests or explanations specific to your proposed budget. These responses should detail what your organization does and how it serves the needs of victims. Future site visits to your organization, should you receive a grant, will be built off of the answers you provide below.

Additionally, it is recommended that responses be typed directly into this page, rather than copy and pasted from a word processor such as Microsoft Word. Because word processors use images to create some text, copying and pasting essays into the fields below may result in some or all of your response being deleted as the system will not recognize the image. As a reminder, the system will time out after 10 minutes of inactivity. It is recommended you save your response after each question.

Narrative

Describe the services your organization provides to victims of crime. In order to provide a full picture of the services provided by your agency, notate which services are funded through VOCA and/or SVAA, and which services are funded by another funding source.

The VOCA team provides a wide-array of services necessary to meet the needs of our victims, such as assistance with victims' compensation applications, guidance through the criminal justice system, information on their rights, referrals to other agencies, accompaniment to court proceedings, crisis information and safety planning, and help in obtaining protection orders. Additionally, we attend county meetings, such as Housing. This list is not exhaustive of what VOCA may do to aid our victims. All of these services are funded through VOCA and the match by the

Service Mapping

In the upload fields below, please upload a flow chart of the services provided to victims of crime by your agency. In the flow chart, show the process a victim goes through to receive services from your agency. Be sure to include all services in this flow chart that are available to victims of crime. Services that are funded by VOCA should be highlighted.

If you refer victims to a certain provider because your agency does not provide a certain service, please include that information in the flow chart as well. For instance, if your organization does not offer counseling/therapy for victims, but you frequently refer victims to a specific counseling agency when needed, include this in the flow chart.

Please include a separate flow chart for each county your organization provides victim services in. If you serve more than 5 counties, you will need to combine multiple into one file.

An example flow chart can be found by clicking [HERE](#). **This flow chart is an example and for illustrative purposes only. The design and look of your flow chart can be different from this example.**

Choose File No file chosen

(80 MB max)

 Flow Chart (1) for VOCA Grant.docx (63 KB) Remove

Choose File No file chosen

(80 MB max)

Choose File No file chosen

(80 MB max)

Choose File No file chosen

(80 MB max)

Choose File No file chosen

(80 MB max)

Contacts

In the fields below, please provide contact information for any agency listed on your flow chart that you provide referrals to. For instance, if your organization refers victims to a different agency for emergency housing, please provide contact information for a person at that agency that can speak to your relationship with that provider. If you have additional contacts beyond the 5 below, please email that information to your Grant Specialist.



Contact #1

Organization
Name
Email

Contact #2

Organization
Name
Email

Contact #3

Organization
Name
Email

Contact #4

Organization
Name
Email

Contact #5

Organization
Name
Email

Request "2026 Grant Application" has been updated.

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- [View](#)
- [Details](#)
- [Essays](#)
- [Budget](#)
- [Documents](#)
- [Preview](#)

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Your Request | Budget

View	Details	Essays	Budget	Documents	Preview
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Demographic Information

Cultural Diversity of Applicant Agency

Caucasian Volunteers	<input type="text" value="0"/>	Caucasian Staff	<input type="text" value="1"/>
African American Volunteers	<input type="text" value="0"/>	African American Staff	<input type="text" value="0"/>
Hispanic Volunteers	<input type="text" value="0"/>	Hispanic Staff	<input type="text" value="0"/>
Asian Volunteers	<input type="text" value="0"/>	Asian Staff	<input type="text" value="0"/>
Native American Volunteers	<input type="text" value="0"/>	Native American Staff	<input type="text" value="0"/>
Other Volunteers	<input type="text" value="0"/>	Other Staff	<input type="text" value="0"/>
Volunteer Totals	<input type="text" value="0"/>	Staff Total	<input type="text" value="1"/>

Demographic Profile: Service Area

Please define the geographical area(s) services are provided and provide demographic data. Under "Name," list the county served.

Service Areas [Add Service Area](#)

Name	Caucasian	African American	Hispanic	Asian	Native American	Other	
Ashtabul	<input type="text" value="86.20"/>	<input type="text" value="3.60"/>	<input type="text" value="4.60"/>	<input type="text" value="0.30"/>	<input type="text" value="0.40"/>	<input type="text" value="4.90"/>	Delete

Your Request | Bridge

Dear Sir/Madam,

We have received your request for information regarding the following:

- 1. [illegible]
- 2. [illegible]
- 3. [illegible]
- 4. [illegible]
- 5. [illegible]
- 6. [illegible]
- 7. [illegible]
- 8. [illegible]
- 9. [illegible]
- 10. [illegible]

We are sorry that we cannot provide you with the information you requested.

Thank you for your interest in our services.

Yours faithfully,

[illegible signature]

[illegible name]

Project Budget

Please attach your organization's projected budget for the next fiscal year. Larger organizations may upload a unit- or section-specific budget. **Please note this is not a space to upload the budget you are requesting for your VOCA grant.**

Organization/Agency Budget Information

Projected Budget No file chosen
(2048 KB max)

Program Specific Budget Information

Add in lines to describe your program's projected revenue for the next fiscal year. This applies to the funded victim-oriented program only. For example, a Prosecutor-based program would include revenues toward it's victim-witness division here, but would not include funding used for prosecution. The left-hand column should be the **name of the funding source** (VAWA, FVPSA, etc); the right-hand column should be the amount received from that funding source.

Federal

Federal Funds

Federal Revenue

State

State Funds

State Revenue

VOCA Grant

\$48,628.00

Delete

VAWA

\$36,537.35

Delete

Local

Local Revenue

Projected Revenue

VOCA County Cash Match

\$12,157.00

Delete

VAWA County Cash Match

\$12,179.12

Delete

Other Revenue

Other Revenue

Projected Revenue

CRCC GRANT

\$37,500.00

Delete



Provide a written narrative and discussion for each cost requested within the budget computation (done below). Be sure to fully discuss rationale for all costs and detail how projections were made. Fringe benefits should be discussed in detail. Employee raises over prior years must be discussed and justified. Successful budget narratives will be able to show the need of budgeted items toward completing the project and goals discussed during the essay questions portion of this application. The source of matching funds must also be discussed.

- Project match is required for all VOCA grants; match must be 20% of the total project. In-kind or cash may be used to match any budgeted costs
- SVAA grants do not require match
- Indirect costs are allowable up to 10% of total direct costs using the Modified Total Direct Costs. If you have an established federal indirect cost rate, you are permitted to use that.

Your budget narrative must include a description for every item you are requesting funding for. Any items in your budget that are not in the budget narrative will not be funded.

Budget Narrative

Details

Indirect Costs

Does your organization intend to charge indirect costs to this VOCA award?

Indirect Costs

If your organization is utilizing a Federally Negotiated Indirect Costs Rate, please upload the Indirect Cost Rate Agreement/Approval here:

Indirect Cost Rate Agreement No file chosen
(80 MB max)

If you intend to charge indirect costs to this award, please list all items that will be funded through indirect costs. Reminder—indirect costs must be charged consistently across all federal awards. Costs that you charge directly to one federal grant cannot be charged indirectly to another federal grant.

Indirect Costs Description

Budget Computation

Use the Budget Computations link below to edit the proposed budget within this system. Add costs for each item the organization is requesting.

*****IMPORTANT*** If you are requesting a match waiver, you MUST enter all match you wish to be waived as in-kind match, otherwise the request may not be considered.**

[View Budget Computation](#)

[Save & Continue](#)

- [View](#)
- [Details](#)
- [Essays](#)
- [Budget](#)
- [Documents](#)
- [Preview](#)



Your Request | Uploads

View	Details	Essays	Budget	Documents	Preview
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Program Level Documentation

Job descriptions for personnel listings

No file chosen


(80 MB max)

 job description VOCA.jpg (428 KB) Remove

Samples for material to be printed

No file chosen

(80 MB max)

 Brochure (1) New.pub (763 KB) Remove

Match Waiver Request

Organizations may request match be waived, in whole or in part, as a part of their grant application. Match waivers submitted to our office will be reviewed by a committee within the Crime Victim Services Section of the Ohio Attorney General's Office and, upon the committee's approval, by the Office for Victims of Crime (OVC), Office of Justice Programs (OJP), U.S. Department of Justice (DOJ). By requesting a match waiver, the organization is affirming that match requirements are a significant burden and, without a match waiver, the organization would be unable to fulfill their intended project.

The Attorney General's Office will review the submitted information and consider the following items:

- Local Resources
- Annual Budget Changes
- Past Ability to Provide Match
- Whether funding is for new or additional activities requiring additional match versus continuing activities where match is already provided

Match waiver approval or denial information will be provided to the applicant as soon as possible. Please note that match waiver approvals can take up to 6 months for approval after the grant cycle begins. Grant requests will be reviewed independently of any waiver requests. Match waivers may be rescinded at any time. Match waiver recipients must promptly advise the Attorney General's Office of any substantial changes in funding during or prior to the grant period.

If your organization chooses yes, you will be contacted at the beginning of the grant cycle, and asked to submit a formal letter requesting the waiver.

*****IMPORTANT*** If you are requesting a match waiver, you MUST enter all match you wish to be waived as in-kind match, otherwise the request may not be considered AND Please follow the instructions noted in the 2024-2025 Financial Policies and Procedures document located on the AGO website. The information needed to request a match waiver begins on page 8.**

Match Waiver Request

Your Request is Urgent

The following text is a very faint and illegible document, likely a scan of a page with extremely low contrast or a very light background. The text is mostly illegible but appears to be a formal letter or report. It contains several paragraphs of text, some of which are indented. There are also some lines that look like they might be part of a list or a table, but the content is completely unreadable. The overall appearance is that of a blank page with some ghosting of text from the reverse side or a very poor quality scan.

Volunteer Waiver

All grant recipients are required to utilize volunteers. Occasionally circumstances prevent programs from using volunteers. Please indicate whether your program requests a waiver for the usage of volunteers.

Request for Volunteer Waiver

Nonprofit Documents

Nonprofit Documents [Add Nonprofit Document](#)

Document Type

Document File

AGO Charitable

To obtain your agency's AGO Charitable Proof of Good Standing, please click here.

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[Essays](#)

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