ACJC Grant Application

Project Information

Submit Date	4/15/2025 8:37:52 AM
Program	Crime Victim Compensation Program
Grant Period	FY 2026
Project Title	FY26 Crime Victim Compensation Program
Purpose Area	State

Agency Information

Type	Prosecutor/Attorney
Level	County
Agency Name	Pinal County Attorney's Office
Department	Victim Services
UEI Number	GX4FM9VQD7W3
SAM Registered?	Yes
Mailing Address	PO BOX 887 Florence, Arizona 85132
Address	971 N. Jason Lopez Circle Pinal County Attorney's Office Florence, Arizona 85132
Phone	520-866-6282
Fax	
Website URL	https://www.pinal.gov/1676/County-Attorney

Agency Official Information

Name	Brad Miller
Position	County Attorney
Agency	Pinal County Attorney's Office
Department	Administration
Address	PO BOX 887 Florence, Arizona 85132
Phone	520-866-6271 Ext.
Fax	
Email	brad.miller@pinal.gov

Authorized Official Information

Name	Stephen Q Miller
Position	Pinal County Board of Supervisors, Chairman
Agency	Pinal County
Department	Board of Supervisors
Address	135 N. Pinal Street
	Florence, Arizona 85132
Phone	520-866-6068 Ext.
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Project Official Information

Name	Heather Eggleston
Position	Victim Comp Coordinator
Agency	Pinal County Attorney's Office
Department	Victim Services
Address	PO BOX 887
	Florence, Arizona 85132
Phone	520-866-6307 Ext.
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Financial Official Information

Name	Michelle Velazquez
Position	Finance Manager
Agency	Pinal County Attorney's Office
Department	Administration
Address	PO BOX 887
	Florence, Arizona 85132
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Fax	
Email	michelle.velazquez@pinal.gov

Legal Official Information

Name	Brad Miller
Position	County Attorney
Agency	Pinal County Attorney's Office
Department	Administration
Address	
	, Arizona
Phone	520-866-6271 Ext.
Fax	
Email	brad.miller@pinal.gov

Civil Rights Official Information

Name	Salpi Stark
Position	Grants Administrator
Agency	Pinal County Attorney's Office
Department	Administration
Address	
	, Arizona
Phone	520-866-6282 Ext.
Fax	
Email	salpi.stark@pinal.gov

Other Official Information

Name	Salpi Stark
Position	Grants Administrator
Agency	Pinal County Attorney's Office
Department	Administration
Address	PO BOX 887
	, Arizona
Phone	520-866-6282 Ext.
Fax	
Email	salpi.stark@pinal.gov

Application Questions

Outreach	
Question	**Response**
How many outreach activities did you conduct during FY24?	1
Approximately how many people attended these activities?	150
Please describe the outreach activities.	We had a table, applications, provided applications to community providers that were there, educated the general community and helped organize the event as the Victim Comp Coordinator is on the planning committee.
How many outreach activities have you conducted in FY25 so far?	4
How many outreach activities do you have planned for the remainder of FY25?	0
Approximately how many people do you to expect to attend all activities in FY25?	25-200 (depending on the event)
Please describe the outreach activities.	working with the family advocacy centers throughout the year, domestic violence walk, Coolidge resource fair, apache Junction community meeting regarding mass violence incident.

Application Narratives

Please describe your County's restitution processes for victims compensation claims

Provide an overview of the restitution process in your county and the process for requesting restitution for victim compensation. Please attach any forms your County uses in the attachments section of this application.

For each criminal case that has an open victim compensation case, Victim Compensation is listed as a "restitution only" witness. This enables the restitution tab in PBK and generates the program as a victim to track requested restitution. The program coordinator flags the case so that an alert pops up stating "Victim Compensation Case" each time the case is opened. For each benefit payment made on an open criminal case, a restitution memo is completed by the Program Coordinator and downloaded into PBK documents tab in the Victim Compensation folder. The PBK system generates a reminder to both the assigned attorney and the assigned victim advocate that a new restitution memo has been generated. The program coordinator then updates the restitution tab in PBK with the new total amount and documents in the notes in this tab the details.

Once the sentencing hearing is scheduled, the assigned advocate will send an email to the prosecutor and the program coordinator stating the date of sentencing and including the most recent restitution memo from the program. At the completion of the sentencing, the attorney/advocate will email the program coordinator the minute entry or let the coordinator know the minute entry is in PBK.

The program coordinator will document the restitution order in the Victim Compensation tab in PBK.

Performance Tracking

Briefly describe how you track performance for the victim compensation program. If you use surveys, please attach them to the attachments section of this application.

Performance Tracking:
Surveys are used and you can locate surveys on our County Website

https://pinalcountyaz.seamlessdocs.com/f/m8px6tzogv9h

We also use a monthly stat tracking and report internally.

Goals and Objectives

Outreach		
Objective	**Benchmark**	**Response**
Number of outreach activities the operational unit will conduct in FY25.	#	4
Estimated number of individuals the operational unit expects to attend outreach activities.	#	1

Project Budget

Personal Services

Match	Position Title	Units	Rate	Subtotal Salary	ERE Amount	Total
	Victim Advocate, Sr.	1	$75,344.00	$75,344.00	$28,845.00	$104,189.00
	Administrative Assistant, Sr.	1	$50,290.00	$50,290.00	$30,239.00	$80,529.00
					Salary:	$125,634.00
					ERE:	$59,084.00
					Non-Match:	$184,718.00
					Match:	$0.00
					Total:	$184,718.00

Enter Personal Services narrative below:
Personnel cost reflects the positions it takes to help run the Victim Compensation program for the Pinal County Attorney's Office.

Enter Personal Services ERE narrative below:
Victim Advocate, Sr.: Salary Total: $75,344 ERE (Medical) $13,846 + (FICA) $5,764 + (Retirement) $9,041 + (Workers Comp) $194 = $104,189

Administrative Assistant, Sr. : Salary Total: $50,290 ERE (Medical) $20,228 + (FICA) $3,847 + (Retirement) $6,035 + (Workers Comp) $129 = $80,529

Overtime

Match	Position Title	Units	Rate	Subtotal Wages	ERE Amount	Total
		0.00	$0.00	$0.00	$0.00	$0.00
					Wage:	$0.00
					ERE:	$0.00
					Non-Match:	$0.00
					Match:	$0.00
					Total:	$0.00

Enter Overtime narrative below:

Enter Overtime ERE narrative below:

Contractual/Consultant Services

Match	Description	Type	Units	Rate	Subtotal	ERE Amount	Total
		Consultant	0.00	$0.00	$0.00	$0.00	$0.00
						Subtotal:	$0.00
						ERE:	$0.00

Match	Description	Type	Units	Rate	Subtotal	ERE Amount	Total
						Non-Match:	$0.00
						Match:	$0.00
						Total:	$0.00

Enter narrative below:

Enter Contractual ERE narrative below:

In-State Travel

Match	Expense Type	Units	Amount	Total
	Mileage	0.00	$400.00	$0.00
	Hotel	0.00	$400.00	$0.00
	Per Diem	0.00	$150.00	$0.00
			Non-Match:	$0.00
			Match:	$0.00
			Total:	$0.00

Enter narrative below:
Funds will help cover in-state travel for Victim Comp approved training

Out-of-State Travel

Match	Expense Type	Units	Amount	Total
	Hotel	2	$1,000.00	$2,000.00
	Airfare	2	$600.00	$1,200.00
	Transportation	2	$250.00	$500.00
	Per Diem	2	$387.00	$774.00
			Non-Match:	$4,474.00
			Match:	$0.00
			Total:	$4,474.00

Enter narrative below:
Funds will help cover out-of-state travel for Victim Comp approved training: VOCA conference

State Victims Comp Benefits

Match	Expense Type	Amount	Total
		$0.00	$0.00
		Non-Match:	$0.00

Match	Expense Type	Amount	Total
		Match:	$0.00
		Total:	$0.00

Enter narrative below:
This section has been intentionally left blank as we do not know what the final award amount will be.

Registration/Training Expenses

Match	Expense Type	Quantity	Each	Total
		0.00	$0.00	$0.00
			Non-Match:	$0.00
			Match:	$0.00
			Total:	$0.00

Enter narrative below:

Capital Equipment

Match	Expense Type	Quantity	Each	Total
			Non-Match:	$0.00
			Match:	$0.00
			Total:	$0.00

Non-Capital Equipment

Match	Expense Type	Quantity	Each	Total
	Printer	1	$330.00	$330.00
	Laptop	1	$1,500.00	$1,500.00
	Laptop screen extender	1	$300.00	$300.00
	Label printer	1	$150.00	$150.00
			Non-Match:	$2,280.00
			Match:	$0.00
			Total:	$2,280.00

Enter narrative below:
purchases will be made if a new position is approved.

Supplies Purchases

Match	Expense Type	Quantity	Each	Total
	Ink Printer	3	$220.00	$660.00

Match	Expense Type	Quantity	Each	Total
	Business Cards	1	$120.00	$120.00
	Swag items (notebooks, tote bags, etc.)	500	$10.00	$5,000.00
	laptop case	1	$50.00	$50.00
			Non-Match:	$5,830.00
			Match:	$0.00
			Total:	$5,830.00

Enter narrative below:
Funds will help purchase supplies needed to help the victim compensation benefits program.

Ink for printers

Business Cards

Swag items

Laptop case

Total: $5,830

VOCA Victims Comp Benefits

Match	Expense Type	Quantity	Each	Total
		0.00	$0.00	$0.00
			Non-Match:	$0.00
			Match:	$0.00
			Total:	$0.00

Enter narrative below:

ARPA Victims Comp Benefits

Match	Expense Type	Amount	Total
		$0.00	$0.00
		Non-Match:	$0.00
		Match:	$0.00
		Total:	$0.00

Enter narrative below:
This section has been intentionally left blank as we do not know what the final award amount will be if any.

Federal Award:	$0.00
State Award:	$197,302.00
Grand Total:	$197,302.00
Requested Award:	$197,302.00

Application Attachments

File Name
Victim Advocate, Senior Job Description.pdf
Admin Assistant Sr. Job Description.pdf

Legal Statement

ACJC grant funds shall be used to provide direct services to victims of crime.

ACJC grant funds shall not be used to supplant federal, state, county, or local funds that would otherwise be made available for such purposes.

The applicant shall operate in a manner consistent with, and in compliance with, the provisions and stipulations of the approved grant application and agreement.

The applicant agrees that it will incorporate the use of volunteers in its program to the extent that such volunteers contribute to the effective and efficient provision of services to crime victims.

The applicant agrees to promote coordinated public and private efforts to assist crime victims within the community served.

The applicant agrees that ACJC grant funds are not to be expended for any indirect costs that may be incurred in administering the funds.

The applicant agrees to expend funds only in the approved budget categories for the amount approved.

The applicant agrees that payment obligation is conditioned upon the availability of funds appropriated or allocated for the payment of such obligation.

The applicant agrees to retain all books, account reports, files, and other records for a period of five years after the completion of the expiration of the project. All such documents shall be subject to inspection and audit at reasonable times.

The applicant agrees to provide accounting, auditing, and monitoring procedures to safeguard grant funds and keep such records to assure proper fiscal controls, management, and the efficient disbursement of grant funds.

The applicant agrees to remit all unexpended ACJC grant funds to the Commission within 30 days of receipt of a written request from the Commission.

The applicant agrees to submit Monthly Financial Reports to the Commission through the Grants Management System (GMS). Financial reports are due on the 25th of each month. An Annual Performance Report is required to be submitted to the Commission on the forms provided. It is due August 15, 2015. In the event that reports are not received on or before the required date(s), the Commission may require more frequent reports. Funding will be suspended until such time as the delinquent report(s) are received.

The applicant agrees to comply with all applicable requirements of A.R.S. § 41-1463, all applicable state and federal civil rights laws, and Executive Order 1999-4 and 2000-4. In the event that a federal or state court or federal or state administrative agency makes a finding of discrimination after a due process hearing on the basis of race, color, religion, national origin, sex, age, or disability against the applicant, the applicant will forward a copy of the findings to the Commission.

The applicant will assign to the Commission any claim for overcharges resulting from antitrust violations to the extent that such violations concern materials or services supplied by third parties to the applicant in exchange for grant funds provided.

The applicant agrees to use arbitration in the event of disputes in accordance with the provisions of A.R.S. §12-1501 et. seq.

The applicant agrees that it is acting as an independent contractor and agrees to hold the Commission harmless for the actions of the grantee’s employees.

The applicant agrees to obtain and maintain subrogation agreements from victims as a condition of receipt of assistance exceeding one hundred dollars ($100) in direct financial aid.

The applicant agrees to comply with the applicable laws and provisions of the Arizona Crime Victim Assistance Program Rules A.A.C. R10-4-201 through R10-4-204.

The applicant agrees to submit, upon request, a copy of its financial audit for the most recently completed 12-month period.

The applicant assures that it will collect and maintain information on victim services provided by ethnicity, sex, age, and disability.

The applicant assures that it will comply with all applicable state and federal drug-free workplace requirements.

The applicant assures that it will comply with all state and federal laws regarding privacy during the course of the program. All information relating to clients should be treated with confidentiality. Information shall be disclosed to the Commission, when requested, in compliance with the Crime Victim Assistance Program Rules, state and federal laws, and the grant agreement.

Applicant Agreement

On behalf of the applicant agency, I certify to all of the following:
I have read and understand the conditions provided in the Special Conditions listed above;
All the information presented in this application is correct;
There has been appropriate coordination with affected agencies; and
The applicant agency will comply with the provisions of all applicable laws and conditions if awarded funds.

Signature Salpi Stark
Position Grants Administrator
Phone 520-866-6282

I Agree to Terms & Conditions Yes