RIDER E PROGRAM REQUIREMENTS

1. FUNDING:

All agreement Crime Victims Assistance Grant funds and corresponding state/local matching funds will be used only to provide direct services to victims. The Provider agrees that the duties of the Victim Advocate funded through this Agreement specifically <u>not include the investigation</u> of crimes. The Provider will furnish local match (cash or in-kind) equal to 20% of the total cost of the Victim of Crime ACT (VOCA) funded program/services.

Provider agrees to comply with all VOCA regulations as outlined at <u>http://www.ojp.usdoj.gov/ovc/welcovc/scad/guides/vaguide.htm</u>.

Local matching funds of **\$XXXX** are comprised of the following income source(s). *(List specific source and amount from Rider F, Budget Form 1)*

| Income Line # | Income Source | Check if Cash | Check if In-kind | Amount |
|------------------|---------------|------------------|---------------------|--------|
| | | | | |
| | | | | |

All funds designated as local matching funds are restricted to the same allowable expenses as the VOCA funds.

The specific expenses to be paid with the **VOCA** local share matching funds are:

| Expense Line # | Description of Expense | Check if Cash | Check if In-kind | Amount |
|-------------------|------------------------|------------------|---------------------|--------|
| | | | | |
| | | | | |

No fees will be charged to victims for services provided in this agreement. The Provider agrees to provide assistance to all victims in applying for Crime Victim compensation and restitution benefits. The State Crime Victims Assistance Administrator for this agreement waives the Crime Victims Assistance Grant requirement on the use of volunteers.

The Provider agrees that when any staff in its employ under this agreement has reasonable cause to suspect that a child or an adult has been or is likely to be abused or neglected, the Provider shall cause a report to be made to the Departmentpursuant to 22 MRSA §§ 3477 and 4011.

2. **INCOME OR OTHER ELIGIBILITY**:

There are no income eligibility requirements for this service. All clients are eligible without regard to income.

3. SETTLEMENT TERMS:

Settlement of the contract shall be accomplished in accordance with policies contained in the Purchase of Service Policy Manual and the following settlement terms and method:

Cost Shared

Method of Accounting: (check one)

4. TERMINATION OF WORK PERFORMANCE:

The Provider shall report any anticipated closing of the Provider's operations at the earliest possible date and no later than sixty (60) days prior to the anticipated closure date, with the exception of reasonably unforeseen circumstances, to the Agreement Administrator and Program Coordinator. This written communication shall be specific and include, but not limited to, the date of expected closure, description of any and all programs affected, number of clients projected to be impacted, plans for addressing needs of the clients affected, and the name and contact information of the person(s) responsible for the care of clients affected and their records. The Provider shall assist the client and the client's community support worker in obtaining services from another provider.

In addition, the Provider shall report to the Program Coordinator all major programming and structural changes in programs funded, seeded, or licensed by the Department within the time frame noted above. Any changes that add, alter or eliminate existing services must be negotiated and approved by the Program Coordinator prior to implementation. Major program changes include, but are not limited to, the following: (1) the addition of new services or deletion of existing services; (2) serving a population not served by the agency previously; (3) significant increases or decreases in service capacity as defined by the governing body; (4) significant changes in the organizational structure as defined by the governing body; (5) changes in the executive director or name or ownership of the agency; or 6) relocation of services. For MaineCare funded services, the Provider shall give due process notification as required by MaineCare regulations, Chapter 1 of the MaineCare Benefits Manual.

Scholarship Requirements. Cell phones, blackberries, or any other electronic devices will be turned off during class sessions. Keep all devices in silent mode and return messages on scheduled breaks. No side conversations during presentations. Arrive on time for presentations ([i.e., arriving on time in the morning, returning from breaks on time, etc.).

Participants must attend the entire program from start to finish (no exceptions). If a participant does not complete the entire course; 1) no certificate or CEU's will be awarded; 2) no reimbursement will issued for tuition, lodging, meals, or transportation, and 3) the scholarship will be revoked, and all expenses will be paid by the participant or the employer. If there is an emergency the participant must notify faculty, who may approve or deny an absence.

All travel requests must be completed and signed within thirty days of conference.