

PUBLIC NOTICE

LAW AND PUBLIC SAFETY

OFFICE OF THE ATTORNEY GENERAL

Notice of Availability and Award of Funds

FFY 2018 Federal Victims of Crime Act (VOCA),

Competitive Funds for New Jersey Trauma Recovery Center Program

Take notice that, in compliance with N.J.S.A. 52:14-34.4, the Department of Law & Public Safety (Department), Office of the Attorney General announces the availability of the following grant program funds:

a) Name of the Program: New Jersey Trauma Recovery Center Program (NJTRC)

This program is supported by the Federal Fiscal Year 2018 (FFY18) Victims of Crime Act (VOCA) Victim Assistance Grant Program.

Purpose: The Office of the Attorney General (OAG) is committed to providing additional resources for victim services and to placing a particular emphasis on enhancing services to underserved victims in an effort to break the cycle of repeat victimization and save human lives. OAG is also striving to bring resources to New Jersey's urban centers where violence has been concentrated historically.

The NJTRC grant program awards funding for TRCs to provide trauma-informed services to victims of crime within the communities where they live. Grantees will serve all victims of crime provided the services are consistent with this Notice of Available Funding (NOAF).

This solicitation will fund up to four (4) demonstration sites.

All NJTRC site applicants will be required to use OAG's selected TTA provider in order to ensure that they are following best practices. The TTA provider will measure progress toward benchmarks. Compliance with the TTA process is mandatory to receive continuing funding, if available. Failure to participate in the TTA process may result in early termination of the grant.

OAG will use the May 4, 2017 edition of the evidence-informed¹ [Trauma Recovery Center Manual](#), developed by the University of California, San Francisco Trauma Recovery Center, when it selects, establishes, and administers TRC grants. All grant applications must demonstrate utilization of the San Francisco Trauma Recovery Center model in the administration of their TRC program.

- b) Available Funding:** The State of New Jersey, Office of the Attorney General is making up to \$6 million available to support the New Jersey Trauma Recovery Center Program (NJTRC). These funds will be awarded on a competitive basis to fund up to four (4) sites. Site applicants may apply for a maximum of \$1.5 million per project for a 16-month grant period. The project period will begin January 1, 2020 and end on April 30, 2021. Only one application per applicant will be accepted. Continuation funding may be available, contingent upon the availability of federal funding and the subrecipient's compliance with grant conditions and performance of its goals and objectives however, do to planned decreases in federal funding, there is a strong chance that this level of funding will not be maintained. A 20 percent match, cash or in-kind, is required by all applicants. For example, a \$500,000 award requires a \$125,000 match for a total grant award of \$625,000.
- c) Organizations that May Apply for Funding Under this Program:** Eligible applicants for this program are limited to a local public agency or a non-profit organization, or a combination of such agencies or organizations or of both such agencies and organizations that have formed a partnership. Federally recognized tribal governments (as determined by the Secretary of the Interior); non-profit organizations (including hospitals and tribal non-profit organizations); faith-based and community-based organizations that serve crime victims; and public or non-profit colleges or universities (including tribal institutions of higher education) that demonstrate an understanding of the area of victimization, support services and the TRC model described in this solicitation are eligible to participate in the partnerships. Applicants must have the staff resources, capacity to develop or enhance programs proposed to address the area of victimization and/or services described in this solicitation, and the required partnerships.
- d) Qualifications Needed by an Applicant to be Considered for Funding:** Applicants must be in good standing with all State and Federal agencies with which they have had an existing grant or contractual relationship. Where appropriate, all applicants must hold current professional and State licenses and certifications.

Applicant agencies and victim assistance programs must meet all applicable statutory and regulatory VOCA program eligibility requirements found at 42 U.S.C. § 10603 and 28 C.F.R. Part 94. The Department reserves the right to decline any and all applicants who cannot demonstrate proof of compliance with VOCA program requirements.

The Federal Funding Accountability and Transparency Act (FFATA) of 2006 requires an agency to obtain a Data Universal Numbering System (DUNS) number and register with the System for Award Management (SAM), formerly the Central Contractor Registration (CCR), to receive a Federal award or subaward. Applicants without a current DUNS number(s) and SAM registration will be considered ineligible. Successful applicants will be required to complete a FFATA form upon award.

e) To Be Considered for the Grant, an Eligible Applicant Must File a Completed Application: in accordance with the requirements of the program, by the submission deadline.

Requirements that Must be Described in the Application:

- Provide outreach and services to crime victims who typically are unable to access traditional services, including, but not limited to, victims who are:
 - Homeless
 - Chronically mentally ill
 - Members of immigrant and refugee groups
 - Disabled
 - LGBTQ
 - Experiencing severe trauma-related symptoms or complex psychological issues
 - Of diverse ethnicity or origin, people of color
 - Juvenile victims, including minors who have had contact with the juvenile dependency or justice system.

- Serve victims of a wide range of crimes, including, but not limited to all the following:
 - Sexual assault
 - Domestic violence
 - Battery
 - Crimes of violence and assaults including: shootings, gang violence and other forms of community violence
 - Vehicular assault
 - Human trafficking, and

- Family members of homicide victims.
- Offer evidence-based and evidence-informed mental health services and support services that include individual and group treatment, medication management, substance abuse treatment, case management, and assertive outreach.
 - These mental health and support services shall be provided in a manner that increases access to services and removes barriers to care for victims of violent crime and may include providing services to a victim in his or her home, in the community, or at other locations conducive to maintaining quality treatment and confidentiality.
- Provide a complete multidisciplinary staff of clinicians, including a clinical director and:
 - At least one social worker on staff
 - At least one licensed psychologist on staff, and
 - At least one licensed psychiatrist on staff, or contracted (utilization of tele-psychiatry is permitted).

(All clinicians must be either a licensed clinician or a master's-level supervised clinician engaged in completion of the applicable licensure process, i.e. registered with the State Board of Psychological Examiners. Copies of appropriate licenses must be included with the application).

- Offer mental health services and case management that are coordinated through a single point of contact for the victim, with support from an integrated multidisciplinary treatment team.
- Per the TRC Model, the clinician acts as the single point of contact for the victim and provides most services including clinical case management, psychotherapy, advocacy, and substance abuse treatment, and conducts assertive outreach as needed to initiate treatment and keep the client engaged or services are split between clinicians and case managers where a single point of contact is responsible for the coordination of the client's treatment and care is taken to ensure a unified team approach and clear communication among all service providers.
- Develop a treatment plan for each client receiving mental health services, which is periodically reviewed by the multidisciplinary team.

- Ensure that each client has access to a comprehensive mental health assessment, even if case management services are the initial focus of treatment.
- Deliver services that include assertive outreach and case management including, but not limited to:
 - Accompanying a client to court proceedings, medical appointments, or other crime- related appointments as needed
 - Assisting with filing an application with the New Jersey Victims of Crime Compensation Office, filing police reports or filing restraining orders
 - Assisting with obtaining safe housing and financial benefits
 - Helping a client obtain medical care
 - Aiding a client in securing employment and
 - Working as a liaison to other community agencies, law enforcement, or other supportive service providers as needed.
- Offer outreach and case management services to clients without regard to whether clients choose to access mental health services.
- Ensure that no person is excluded from services solely based on emotional or behavioral issues resulting from trauma, including, but not limited to, substance abuse problems, low initial motivation, or high levels of anxiety.
- Utilize established, evidence-based and evidence-informed practices in treatment. These practices may include, but are not limited to:
 - Motivational interviewing
 - Harm Reduction
 - Seeking Safety
 - Cognitive Behavioral Therapy
 - Trauma-Focused Cognitive Processing Therapy
 - Narrative Exposure Therapy
 - Skills Training in Affective and Interpersonal Regulation.

(Clinicians shall meet the training or certification requirements for the evidence-based practices used. This must be reflected in attached resumes or submitted as a separate attachment.)

- Ensure that no person is excluded from services based on immigration status.
- Offer training to law enforcement, community-based agencies, and other health care providers on the identification and effects of violent crime.

Additional Criteria:

- Participate in culturally relevant community outreach events to inform potential clients. Outreach plans must be tailored to reach the specific population(s) the TRC is seeking to serve.
- Provide regularly scheduled clinical supervision and other support to ensure the highest quality of care and to help staff manage vicarious trauma they may experience as service providers to victims of violent crime.

Direct Services:

Specific clinical services provided by direct service staff shall include the following: client assessment and service planning (up to 16 session treatment episodes with an extension to 32 weeks when needed); individualized psychotherapy; outpatient substance use disorder counseling; case management; legal advocacy; group psychotherapy and support groups; medication management; services provided by partners; and referrals to partner agencies, particularly at the close of TRC services.

Clinical Case Management:

General case management is a client-centered strategy to improve coordination and continuity of care, in particular for persons who have multiple needs. Various models of case management have been proven effective in the treatment of people with chronic mental illness, substance use disorders, or both. The clinical case management intervention embedded in the TRC model provides both the typical and active case management support of coordinating all the resources a client might need while also simultaneously using therapeutic interventions and delivering and coordinating services. Clinical case management takes into account that many clients have competing priorities and will benefit most when practical assistance and mental health interventions are simultaneously provided. In contrast, simply providing contact information for a community service is not enough for clients who have experienced trauma and have an array of psychosocial needs.

Evidence-Based Programs and Trauma-Informed Practices:

The TRC model utilizes evidence-based practices (EBPs) developed through research and with implementation shown to improve client outcomes. Applicants must clearly outline the integration of EBPs and trauma-informed practices into the proposed program.

Examples of evidence-based approaches and specific interventions appropriate for a TRC program include:

- **Using a culturally sensitive trauma-informed approach.** In this approach, clinicians are attuned to the client's identity, history, and how beliefs about psychotherapy may impact treatment engagement. Stigma about having a mental health issue, about being a victim, about receiving mental health services, or about taking psychotropic medication are culturally-mediated beliefs that should be recognized and addressed early in treatment.
- **Addressing threats to safety in the client's environment and behavior.** In this approach, clinicians address a client's safety concerns due to a risk of re-victimization and severe psychiatric symptoms by addressing continuous traumatic stress. The clinician focuses on helping the client reduce current threats to safety and well-being by providing case management assistance (e.g., moving to a safe location, obtaining a restraining order, making a police report) and safety planning.
- **Addressing risk due to problems with regulation of emotions and impulses.** In this approach, clinicians focus on therapeutic interventions on client emotions, reactions that put them at risk (for re-victimization, self-harm). Example interventions include dialectical behavior therapy (DBT), Skills training in affective and interpersonal regulation (STAIR), Seeking Safety and motivational interviewing.
- **Applicants must describe how their program will implement a model that is trauma informed in policy and practice.** Some examples of trauma-informed models include the Sanctuary Model and the U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA) Trauma Informed Approach.

OAG and its TTA provider may survey grantees to assess their knowledge of trauma-informed practices and implementation of these practices as part of a grant monitoring function. With periodic assessments, OAG and its TTA provider can identify areas of strength and growth for adopting a trauma-informed approach to services that help to prevent re-traumatization.

Assessment Protocol:

Assessment is a core component of the TRC model. Client assessments aid in service delivery and help measure a client's progress in meeting goals. As a part of this grant, agencies will be required to engage in client assessments, which may include scales to measure trauma history,

mental health, sleep, physical pain, quality of life, and client needs assessment. Required assessment will be finalized during the Planning Phase.

Special conditions:

Applicants must identify a TRC Coordination and Implementation group (TRC Coordination Group) to preside over an initial coordination process up to 4 months in length. The TRC Coordination Group will convene at least quarterly thereafter during the grant period to oversee the implementation of the TRC model and foster intra and inter agency collaboration to ensure efficient and effective victim services.

The TRC Coordination Group may take the form of a board, committee, coalition, or community task force depending on the need and capacity of the applicant agency and proposed TRC model. The Coordination Group may include the TRC program director, TRC program coordinator, senior representation from the hospitals' emergency room, trauma and mental health units, and community-based agencies.

The TRC Coordination Group will be responsible for coordinating victim services by drafting protocols to ensure that victims are identified and served in a trauma-informed, multi-disciplinary, collaborative approach both within and beyond the hospital setting. Protocols must include the process by which identified referral sources shall make referrals to the TRC and how these and other agencies will work collaboratively with the TRC to address victims' needs.

The draft TRC protocol will be submitted to OAG's TTA provider for review 2 months after the grant award begins. The final protocol must be approved by OAG's TTA provider before direct service provision can begin. These tasks and deadlines should be reflected in the Time Task Plan.

Allowable costs during the coordination period are limited to the TRC program staff time working on the protocols and participating in the TTA process, hiring and training of mental health clinicians, and associated travel.

Deliverables include:

- Submit quarterly financial reports and semi-annual progress reports in compliance with DOJ grant requirements.
- Participate in conferences and meetings hosted by the TTA provider and OAG, as requested by OAG. Please note that applicants will want to budget for their team to

travel to two to three trainings in Trenton. One training meeting will be within the first 3 months. Applicants may want to budget to attend regional or national professional development conferences.

- A final report that describes how the grantee implemented its project, including identification of project partners, areas of success, and lessons learned.

Under VOCA, services are defined as those efforts that respond to the emotional and physical needs of crime victims; assist crime victims to stabilize their lives; assist crime victims to understand and participate in the criminal justice system; provide crime victims with a measure of safety and security; and provide specialized services to sexual assault victims.

To learn about the activities and costs that may be covered for subrecipients, please consult the new Final Rule (28 C.F.R. Part 94, Subpart B) for the Victims of Crime Act, Victim Assistance Program.

You may find the final rule at the following website:

<https://www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program>.

Highlights of allowable costs:

Examples of the types of services that may be considered for funding under the new Final Rule include, but are not limited, to the following:

- a. Staffing costs for direct service providers, supervision of direct service providers, and coordination of activities that facilitate the provision of direct services.
- b. Participation on work groups or committees to develop multi-system, interagency and multidisciplinary protocols and other working agreements, as well as coordination with federal agencies to provide services to victims of federal crimes.
- c. Program promotion and public awareness development; public awareness and education presentations, and dissemination of information through brochures, public service announcements, billboards, and other strategies. Presentations must be conducted in public forums and designed to inform victims of specific rights and services and provide them with assistance. Public awareness preparation and presentations may not exceed 10 hours per week.
- d. Culturally sensitive and alternative therapy or healing, such as art therapy or drumming.

- e. Emergency food.
- f. Relocation assistance. Relocation, as part of the victim's service plan, is necessary for a victim's safety and well-being. Funds are restricted to first month's rent and utility set-up costs (water, gas, and electric), not to exceed a total of \$3,000 per client. Rental payment must be based on a reasonable rental market rate. Direct payments of funds to victims for relocation are not allowed.
- g. Outpatient substance use disorder counseling.
- h. Clinical assessment tools and related software.
- i. Local transportation costs for service providers and for victims to receive services. Direct payments of funds to victims for transportation costs are not allowed.
- j. Staff training costs of direct service providers, including all required training and any additional training that would assist staff in serving victims.
- k. Reasonable and necessary technology costs for staff.

Unallowable Costs

The following is a non-exhaustive list of services, activities, and costs that cannot be supported with VOCA Victim Assistance Formula Grant Program funding:

- a. Audits (agencies receiving less than \$750,000 in cumulative federal funds)
- b. Capital expenses; property losses and expenses, real estate purchases, mortgage payments, construction, and most capital improvements
- c. Compensation for victims of crime
- d. Crime prevention
- e. Fundraising activities
- f. Lobbying & advocacy with respect to legislation, regulations, or administrative policy
- g. Most medical care costs
- h. Tort or criminal defense services
- i. Active investigation and prosecution of criminal activities, and witness activities
- j. Research and studies, except for project evaluations

To be considered for the grant, an eligible applicant must file a completed application, in accordance with the requirements of the program, by the submission deadline.

The program narrative must be double-spaced, using a standard 12-point font (Times New Roman preferred); have no less than 1-inch margins; and pages should be numbered.

The following scored components must be included in the narrative for NJTRC Demonstration Project Sites.

a. **Background, Mission, Experience, and Capability of Lead Applicant and Key Partners. (10 points)**

Please describe in detail the applicant's mission, background and experience as it relates to the purpose and objectives of the proposed project. Explain the applicant and partners' knowledge and capability to carry out the project based on demonstrated experience in providing outreach and clinical services to crime victims who typically are unable to access traditional services.

b. **Problem Statement/Needs Assessment. (5 points)**

The proposed project must provide outreach and services to crime victims who typically are unable to access traditional services, including the categories listed in Section e. Please identify the specific problem(s), types of victimization, and geographic area that the proposed project will address. Describe the needs and characteristics of the target population; local needs and conditions; describe existing services and identify gaps and/or barriers in services. Include current statistics and relevant facts to substantiate the need and selection of the proposed project.

c. **Project Leadership, Management, Staff, and Training. (20 points)**

Please provide a staffing plan for a multidisciplinary team. Staff may be within a single agency or distributed among project partners. Remember that all clinicians must be either a licensed clinician or a master's-level supervised clinician engaged in completion of the applicable licensure process. Suggested positions include:

- Program director: This position oversees the entire program, manages relationships with other service providers, and can conduct trainings and provide

supervision of direct service providers. This position must have a clinical orientation. VOCA funds can only be used for the direct service staff supervision, training, and inter-agency coordination.

- Program coordinator: This position manages the day-to-day operations, supervises direct service staff and services, fosters inter-agency coordination, and conducts trainings.
- Clinical staff must include: at least one licensed psychologist on staff; at least one social worker **and/or** one licensed marriage and family therapist. Social workers or marriage and family therapists are all master's-level licensed clinicians or pursuing licensure. Team members have expertise or will acquire the necessary training to serve the target population of the TRC program.
- Psychiatrist for medication management and other therapeutic support.
- Project Evaluator: This position manages programmatic documentation, reports and statistics, assessment completion, and monitors services to ensure the TRC Core Elements are followed.
- Assertive outreach and peer support personnel. These non-clinical positions can assist in the identification, engagement, and facilitation of community resources, as well as provide on-going support to patients during the process. These positions can be used to ensure that patients' autonomy is thoroughly respected by clinical staff. These positions must be integrated into the team structure.

See San Francisco's TRC Program Model for an example of staffing structure and proposed trainings. Staff at the TRC should be thoroughly trained to address Cultural Responsiveness. Proposed programs should provide programs, services, and resources to meet the cultural and language preferences of the clients and families being served. Additionally, the program should offer training to help staff gain an understanding of biases, particularly how race and culture impact relationships, interactions, services, and outcomes.

Provide current resumes or biographies along with job descriptions for each position. The job description should detail the title and job responsibilities, as well as the experience necessary for the position. Include any training certificates, licenses, etc. that have been mentioned elsewhere in this NOAF as necessary or required.

Training, both initial and ongoing, is a critical component of any TRC model. Within the program narrative, applicants should outline the training needed for program staff (e.g., training in evidence-based treatment modalities), outlining which program staff are currently trained and/or identify the trainings that will be sought for program staff who do not possess core skills or competencies or who have yet to be hired. In addition, applicants should discuss how clinical supervision will be provided to staff to ensure the highest quality of care, including, how self-care will be incorporated, and opportunities for professional development.

d. Proposed Program (**30 points**)

Demonstrate a clear and detailed understanding of the TRC model as described in the May 4, 2017 edition of the evidence-informed [Trauma Recovery Center Manual](#), developed by the University of California, San Francisco Trauma Recovery Center. Provide a description that walks through the program from client identification and engagement through case closure, highlighting how the TRC core elements are incorporated in the proposed program design. Provide strong details of the proposed program, highlighting victim types most commonly served in the hospital. Include whether the program will serve adults, minors, or both and the projected number to be served with justification for those numbers.

- Provide a clear assertive outreach and case management plan that ensures underserved or marginalized groups are served and includes services outside of the hospital. The recruitment strategy described should be responsive to community demographics and anticipated referral sources. Include clear and detailed client eligibility screening, intake, and assessment processes that are responsive to victimized persons. The response also should clearly describe the staff positions that will carry the outreach and engagement, including supervisory and coordinator staff where appropriate.
- Provide a clear and detailed description of proposed mental health and support services, incorporating how these services are comprehensive, structured, and evidence-informed. Demonstrates a clear understanding of the evidence-based, trauma-informed treatment modalities proposed. Clearly articulate services that the proposed program will not provide and where clients will be referred to meet their

needs by providing assistance obtaining food, safe housing, financial entitlements, medical services, employment, and/or assistance working with police and other agencies. Applicants should plan for the housing needs of victims, both in the short and long term. Budgets should include, at a minimum, funding for emergency housing for victims who are not eligible for VCCO benefits. Include individual letters of commitment from all anticipated referral agencies.

- Provide a clear and detailed explanation of how psychotherapy and case management will be coordinated for victims within the TRC, including the role of clinical case and medication management. Describe how staff will carry out this work, including supervisory and coordinator staff where appropriate. Additionally, the response should include a description of how cases will be coordinated with referral agencies.

e. Flow Chart describing the process of providing services to clients, from intake to discharge and identifying the single point of contact for the victim. **(5 points)**

f. Detailed Time Task Plan. **(10 points)**

Please include dates when eligible goals, objectives, milestones, and activities relating to the implementation of the TRC will be accomplished. The time task plan must include time frames in which new staff will be hired and the TRC Coordination Group will undertake planning.

g. Data Collection, Performance Measures, and Evaluation. **(5 points)**

Please list all data that will be collected. Describe the methods that will be used to measure the progress and impact of the project. Subrecipients will be required to collect and report specific data relating to their project to the OAG. Subrecipients will be responsible for ensuring that all partners submit needed data, and as such, applications may include funding for data licenses, all training needed for data collection, and field data collection devices. Client feedback is strongly encouraged, so if your measurements do not include client feedback, an explanation must be provided.

During the coordination period, OAG and its TTA provider will host up to three mandatory in-person meetings in order to finalize the assessment tools, protocols, and

database system.

Please note that awarded applicants will be required to enter VOCA-required data via quarterly performance metrics through OVC's online Performance Measurement Tool (PMT) located at <https://www.ovcpmt.org>.

h. Budget and Budget Narrative. **(20 points)**

- o Budget for each fiscal year of the grant period. The budget should meet the following requirements:
 - The award includes portions of two (2) fiscal years and the budgeted period begins January 1, 2020 and ends April 30, 2021.
 - It is expected that clinical staff time will comprise at least 60% of the budget.
 - Include any cost of living wage increases as these increases may not be added or modified at a later date
 - Operating expenses shall not exceed 25 percent of the total amount of funds requested
 - If funds are allocated to an emergency client fund, indicate what will be allocated to Housing, Transportation, Food, Clothing, and Miscellaneous Crime-Related Emergency Assistance

Applicants should refer to the VOCA Program Administration and Funding Guidelines for a description of budget categories, allowable expenses and match requirements.

Please be sure to carefully review the Final Rule and submit requests ONLY for ALLOWABLE costs. You may find the final rule at the following website:

<https://www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program>

The narrative portion of the budget shall clearly describe why the requested costs are necessary for the success of the project.

i. Letters of Support **(5 points)**

No more than seven (7) letters of support from medical and mental health care providers, law enforcement agencies, county crime victim assistance centers, sexual assault crisis centers, domestic violence programs, other crime victim service providers, and other social service agencies within the applicant's designated service area. Letters

of support should pertain specifically to this project

Procedures for Eligible Organizations to Apply:

Application packages are available at <http://nj.gov/oag/grants/htm>. Applicants must complete and submit completed applications via TRC@njoag.gov by the submission deadline. Applications that do not comply with the requirements of this Notice of Availability of Funds or the Program Administration and Funding Guidelines will not be considered. The Department reserves the right to decline any and all applications for funding and to award grants in amounts that may be other than requested. The submitted application may be subject to disclosure pursuant to the Open Public Records Act, N.J. S. A. 47:1A-1 et seq.

Address of the State agency receiving the application:

Department of Law and Public Safety
Richard J. Hughes Justice Complex
25 Market Street
Trenton, New Jersey 08625-0085

Please note that applications are being **accepted via the above-mentioned e-mail address ONLY**.

Mailed or faxed applications will not be accepted.

a) Key application dates:

- o NOAF Release Date: October 28, 2019
- o Final Application Submission Date: November 29, 2019, by 5 p.m. EST
- o Tentative OAG Award Approval Date: December 18, 2019
- o Start Date: January 1, 2020

Please note that funding allocations and individual subaward amounts are subject to change. For applications that propose new partnerships, OAG reserves the right to award a smaller grant to undertake a planning process. Subrecipients shall recognize and agree that both the initial provision of funding and the continuation of such funding under a grant agreement is expressly dependent upon the availability to the Department of funds appropriated by the State or Federal legislature from State and/or Federal revenue to such other funding sources as may be applicable. A failure of the Department to make any payment under a grant agreement or to observe and perform any condition on its part to be performed under a grant agreement as a result of the failure of the State or Federal legislature to appropriate funds shall not in any manner constitute a breach of a grant agreement by the Department or an event of default

under a grant agreement because of the absence of available funding appropriations. In addition, future funding shall not be anticipated from the Department beyond the duration of the award period set forth in a grant agreement and in no event shall a grant agreement be construed as a commitment by the Department to expend funds beyond the termination date set forth in a grant agreement.

1 The UC San Francisco Trauma Recovery Center manual. A model for Removing Barriers to Care and Transforming Services for Survivors of Violent Crime (Wiggall and Boccellari, 2017) can be downloaded at: www.traumarecoverycenter.org