

Contract/Leases/Agreements/Grants  
Form

Is this	New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>
Is this a Grant	Yes <input checked="" type="checkbox"/> (if yes, needs to go to grant review)      No <input type="checkbox"/>
Is this an	Agreement: <input checked="" type="checkbox"/> Contract: <input type="checkbox"/> Lease: <input type="checkbox"/> Other: <input type="checkbox"/>
Name of who Contract/Lease/Agreement/Grant is with	Michigan Department of Health + Human Services
Project Name	Crime Victim Compensation Navigator
Attorney Review	All contracts/leases/agreements/grants must have attorney review and approval through the Commissioners' Office.
Insurance Review	All contracts/leases/agreements/grants must have appropriate insurance coverage per the attached list. It is the Department Head's responsibility to make sure that all requirements are met and listed on the insurance certificate.
Total Amount	\$ 60,000
Organization Match	\$ —
County's Match	\$ —

I have reviewed and approved this contract/lease/agreement/grant and attached appropriate insurance:

*Chruszynski*      7/20/23  
Department Head requesting      Date signed

GRANT REVIEW COMMITTEE APPROVAL:

*Robertson*      7-26-23       I am requesting a meeting.  
County Clerk      Date signed

*Kimberly Ludlow*      7-26-23       I am requesting a meeting.  
County Treasurer      Date signed

*[Signature]*      28 July 23       I am requesting a meeting.  
Finance Chairman      Date signed

*[Signature]*      7/31/23      Date signed  
County Administrator      Please do not mark below this line

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INTEROFFICE USE ONLY

Date received \_\_\_\_\_ Date sent for Attorney Review \_\_\_\_\_  
Attorney Approval received \_\_\_\_\_ Insurance received \_\_\_\_\_

## Crime Victim Rights Navigator Pilot Program - 2024

### Facesheet

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#### 1. Demographic Information

- a. Demographic Information Name Alpena County of Prosecutors Office
- b. Organizational Unit
- c. Address 719 W Chisholm St Suite
- d. Address 2 Ste #2
- e. City Alpena State MI Zip 48707-2452
- f. Federal ID Number 38-6004834 Reference No. 080351281 Unique Entity Id. JSLNL2VMUN  
55
- g. Agency's fiscal year (beginning month and day) October-01
- h. Agency Type
- Private, Non-Profit  Public
1. Select the appropriate radio button to indicate the agency method of accounting.
- Accrual
- Cash
- Modified Accrual
2. Is your agency currently registered in the 211 database?  Yes  No

#### 2. Program / Service Information

- a. Program / Service Information Name Crime Victim Rights Navigator Pilot Program - 2024
- b. Is implementing agency same as Demographic Information  Yes  No
- c. Implementing Agency Name
- d. Project Start Date Oct-01-2023 End Date Sep-30-2024
- e. Amount of Funds Allocated \$60,000.00 Project Cost \$60,000.00

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**3. Certification / Contacts Information**

**a. Authorized Official**

Name Cynthia Muszynski  
Title Prosecuting Attorney  
Mailing Address 719 W. Chisholm St  
City Alpena State MI Zip 49707  
Telephone (989) 354-9738 Fax  
E-mail Address muszynskic@alpenacounty.org

**b. Project Director**

Name Briana Peck  
Title Advocate  
Mailing Address 719 W Chisholm Ste 2  
City Alpena State MI Zip 49707  
Telephone (989) 354-9744 - 9744 Fax (989) 354-9788 -  
9744  
E-mail Address peckb@alpenacounty.org

**c. Financial Officer**

Name Keri Bertrand  
Title County Clerk  
Mailing Address 720 W Chisholm St  
City Alpena State MI Zip 49707  
Telephone (989) 354-9520 Fax  
E-mail Address bertrandk@alpenacounty.org

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## Certifications

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### 4. Assurances and Certifications

#### A. SPECIAL CERTIFICATIONS

- a.  By checking this box, the individual or officer certifies that the individual or officer is authorized to approve this grant application for submission to the Department of Health and Human Services on behalf of the responsible governing board, official or Grantee.
- b.  By checking this box, the individual or officer certifies that the individual or officer is authorized to sign the agreement on behalf of the responsible governing board, official or Grantee.

#### B. State of Michigan Information Technology Information Security Policy

- 1. By checking the following boxes, the Grantee acknowledges compliance with State of Michigan Information Technology Information Security Policy\* and provides the following assurances:
  - a.  The Grantee Project Director will be notified within 24 hours when its users are terminated or transferred or immediately if after an unfriendly separation.
  - b.  The Grantee Project Director will annually review and certify user accounts to verify the user's access is still required and the user is assigned the appropriate permissions.
  - c.  The Grantee Project Director will remove user's access within 48 hours of notification when users are terminated or transferred, or immediately if after an unfriendly separation.
  - d.  After 120 days of inactivity, when the user attempts to log into their account they will receive a message stating their account has been deactivated, and the user will have to request the account be reinstated.

\*Policy available at [https://www.michigan.gov/documents/dmb/1340\\_193162\\_7.pdf](https://www.michigan.gov/documents/dmb/1340_193162_7.pdf)

## Narrative

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Version # \_\_\_\_\_

APP # \_\_\_\_\_

### 5. Program Synopsis

The Crime Victim Compensation Navigator will reach out to crime victims who have suffered a physical injury and need assistance paying for: medical and counseling bills, loss of wages and/ or support repayment, grief counseling, funeral expenses, crime-scene clean up, and rehabilitative and replacement services, all of which are a direct result of their physical injury. The navigator will need to review cases, reach out to victims, explain compensation, and provide help with the application process if needed.

### 6. Program Target Area

#### Counties

Counties project will serve (check all that apply):

- |  |  |                                      |
|--|--|--------------------------------------|
| <input checked="" type="checkbox"/> Alcona | <input type="checkbox"/> Alger                   | <input type="checkbox"/> Allegan     |
| <input checked="" type="checkbox"/> Alpena | <input type="checkbox"/> Antrim                  | <input type="checkbox"/> Arenac      |
| <input type="checkbox"/> Baraga            | <input type="checkbox"/> Barry                   | <input type="checkbox"/> Bay         |
| <input type="checkbox"/> Benzie            | <input type="checkbox"/> Berrien                 | <input type="checkbox"/> Branch      |
| <input type="checkbox"/> Calhoun           | <input type="checkbox"/> Cass                    | <input type="checkbox"/> Charlevoix  |
| <input type="checkbox"/> Cheboygan         | <input type="checkbox"/> Chippewa                | <input type="checkbox"/> Clare       |
| <input type="checkbox"/> Clinton           | <input type="checkbox"/> Crawford                | <input type="checkbox"/> Delta       |
| <input type="checkbox"/> Dickinson         | <input type="checkbox"/> Eaton                   | <input type="checkbox"/> Emmet       |
| <input type="checkbox"/> Genesee           | <input type="checkbox"/> Gladwin                 | <input type="checkbox"/> Gogebic     |
| <input type="checkbox"/> Grand Traverse    | <input type="checkbox"/> Gratiot                 | <input type="checkbox"/> Hillsdale   |
| <input type="checkbox"/> Houghton          | <input type="checkbox"/> Huron                   | <input type="checkbox"/> Ingham      |
| <input type="checkbox"/> Ionia             | <input checked="" type="checkbox"/> Iosco        | <input type="checkbox"/> Iron        |
| <input type="checkbox"/> Isabella          | <input type="checkbox"/> Jackson                 | <input type="checkbox"/> Kalamazoo   |
| <input type="checkbox"/> Kalkaska          | <input type="checkbox"/> Kent                    | <input type="checkbox"/> Keweenaw    |
| <input type="checkbox"/> Lake              | <input type="checkbox"/> Lapeer                  | <input type="checkbox"/> Leelanau    |
| <input type="checkbox"/> Lenawee           | <input type="checkbox"/> Livingston              | <input type="checkbox"/> Luce        |
| <input type="checkbox"/> Mackinac          | <input type="checkbox"/> Macomb                  | <input type="checkbox"/> Manistee    |
| <input type="checkbox"/> Marquette         | <input type="checkbox"/> Mason                   | <input type="checkbox"/> Mecosta     |
| <input type="checkbox"/> Menominee         | <input type="checkbox"/> Midland                 | <input type="checkbox"/> Missaukee   |
| <input type="checkbox"/> Monroe            | <input type="checkbox"/> Montcalm                | <input type="checkbox"/> Montmorency |
| <input type="checkbox"/> Muskegon          | <input type="checkbox"/> Newaygo                 | <input type="checkbox"/> Oakland     |
| <input type="checkbox"/> Oceana            | <input type="checkbox"/> Ogemaw                  | <input type="checkbox"/> Ontonagon   |
| <input type="checkbox"/> Osceola           | <input type="checkbox"/> Oscoda                  | <input type="checkbox"/> Otsego      |
| <input type="checkbox"/> Ottawa            | <input checked="" type="checkbox"/> Presque Isle | <input type="checkbox"/> Roscommon   |
| <input type="checkbox"/> Saginaw           | <input type="checkbox"/> St. Clair               | <input type="checkbox"/> St. Joseph  |
| <input type="checkbox"/> Sanilac           | <input type="checkbox"/> Schoolcraft             | <input type="checkbox"/> Shiawassee  |
| <input type="checkbox"/> Tuscola           | <input type="checkbox"/> Van Buren               | <input type="checkbox"/> Washtenaw   |
| <input type="checkbox"/> Wayne             | <input type="checkbox"/> Wexford                 | <input type="checkbox"/> Out Wayne   |

**U.S. Congressional, State and House Districts**

U.S. Congressional Districts

US Congress District 1

State Senate District

State Senate District 36

State House Districts

State House District 103

**7. Mission Statement**

The Crime Victim Compensation Navigator's (CVCN) role is to assist crime victims with physical injuries with the Crime Victim Compensation Application (CVCA). This individual will understand the process of the CVCA and become a specialist at helping crime victims with physical injuries pay for the following expenses: medical, counseling, loss of wages, loss of support, grief counseling, funeral expenses, crime scene clean up, and rehabilitative services along with replacement costs. The CVCN's mission is to effectively aid crime victims with physical injuries in applying for the CVC program.

**8. Project Resources**

**Provide a general description of staff needed to implement Victims Rights in your county. Identify the most critical activities that you perform when providing victim rights.**

The Crime Victim Advocate Coordinator from each of the four counties is needed to aid the Navigator in their role. The Advocate should keep the Navigator informed as to new cases involving crime victims, and to notify them so they can make contact with the victim to discuss compensation. The Navigator is listed as purely performing Crime Victim Compensation duties and should refrain from participating in Advocate duties but should be required to understand said duties in the even the compensation claimant needs additional assistance. The local County Prosecutorial team is also important to provide Victim Services. The Prosecution directly works with the Victim Advocate and Navigator when discussing a victim's feelings, expenses, and their desired court outcome.

The most critical activities performed by the Navigator are: contacting victims, gathering required documents, aiding claimants in acquiring documents, and being the liaison between victims and the Crime Victim Compensation Commission.

**If you utilize the services of volunteers in the provision of Victim Rights, please explain how this is accomplished.**

Volunteers have been utilized in previous years to perform organizational tasks. These tasks include, but are not limited to arranging pre-made brochures into packets for delivery by mail, and reproducing blank or unfilled documents for redistribution.

**9. Michigan Victim Information and Notification Everyday (MI-VINE)**

Does your agency participate in MI-VINE?

Yes  No

Provide the number of victims registered to use MI-VINE in your county for court events during the past calendar year.

353

To obtain statistics for number of Victims Registered with MI-VINE visit the website <https://www.vinewatch.com/vinewatch/>

**Please describe your programs efforts to utilize MI-VINE.**

The Crime Victim Compensation Navigator utilizes the MI-VINE program as far as having the compensation brochure and MI-VINE information sent in initial Rights Packets produced by the Victim Advocates. MI-Vine is used more frequently by the Advocates.

## **10. Community Coordination**

### **1. Community Coordination Activity 1 - Describe any community activities, projects, or coordination councils that your office is involved in to promote Victim Rights and services.**

The Victim rights team, consisting of the Navigator and Advocate Coordinator, are present for Child Advocacy Center meetings for the Alpena County area. This meeting goes over active and upcoming cases involving child victims, It gathers multiple county wide perspectives as to the status and handling of each case.

### **2. Community Coordination Activity 2 - Describe any community activities, projects, or coordination councils that your office is involved in to promote Victim Rights and services.**

The Victim Rights team is also present at the Sexual Assault Response Team (SART) meetings, with the Navigator being present on the Iosco County meetings as well. The Navigator should work to keep their coverage area informed of compensation information. This meeting discusses the SART activities over a three month period and finds ways to better allocate resources to help victims of sexual violence.

### **3. Community Coordination Activity 3 - Describe any community activities, projects, or coordination councils that your office is involved in to promote Victim Rights and services.**

The Navigator and Victim Advocate work as a pair to support victims of crime through combined efforts which includes Hope Shore Alliance, Michigan State Police, local county-specific volunteer advocates, and any other organization that is interested in victim rights.

## Work Plan

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### 11. Work Plan

<b>Objective :</b>	The Navigator will make contact with victims who may qualify for the Crime Victim Compensation Program in the counties of Alpena, Alcona, Iosco, and Presque Isle. The Navigator should assess each case/ client and determine their level of assistance in filing a compensation Application.
<b>Activity :</b>	The Navigator will directly contact victims with physical injuries and discuss the Crime Victim Compensation Program and their eligibility. The Navigator will then schedule one of three options that best works for the victim which are in-person, telecommunication meetings, or provide other platforms such as text, email or other innovative platforms. These meetings will be available in all other counties that the Navigator covers and will be used to discuss the CVC application.
<b>Responsible Staff :</b>	Crime Victim Compensation Navigator
<b>Date Range :</b>	10/01/2023 - 09/30/2024
<b>Expected Outcome :</b>	Crime victims will be contacted by determine CVC eligibility and their CVC application will be successfully submitted with all supporting documentation. The client will understand their involvement with the CVC program.
<b>Measurement :</b>	The Navigator's effectiveness will be measured through Microsoft's excel spreadsheet, or a comparable system, and through various satisfaction reports developed by MDHHS.



**Budget**

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Line Item	Qty	Rate	Units	UOM	Total	Amount		
<b>DIRECT EXPENSES</b>								
<b>Program Expenses</b>								
<b>1 Salary &amp; Wages</b>								
Compensation Navigator	18.0500	2080.000	0.000		37,544.00	37,544.00		
<b>2 Fringe Benefits</b>								
FICA	0.0000	7.650	37544.000		2,872.00	2,872.00		
In Lieu of Hospitalization	0.0000	12.790	37544.000		4,802.00	4,802.00		
Life Insurance	0.0000	0.305	37544.000		115.00	115.00		
Retirement	0.0000	7.000	37544.000		2,628.00	2,628.00		
Worker's Compensation	0.0000	0.887	37544.000		333.00	333.00		
Sick & Accident	0.0000	1.367	37544.000		513.00	513.00		
<b>Total for Fringe Benefits</b>					11,263.00	11,263.00		
<b>3 Employee Travel and Training</b>								
Mileage-and Incidentals	0.0000	0.000	0.000		5,000.00	5,000.00		
<b>4 Supplies &amp; Materials</b>								
Office Supplies	0.0000	0.000	0.000		4,893.00	4,893.00		
Postage	0.0000	0.000	0.000		600.00	600.00		
<b>Total for Supplies &amp; Materials</b>					5,493.00	5,493.00		

7/25/2023

Budget Detail for Crime Victim Rights Navigator Pilot Program - 2024  
 Agency: Alpena County of Prosecutors Office  
 Application: Crime Victim Rights Navigator Pilot Program - 2024

Line Item	Qty	Rate	Units	UOM	Total	Amount
<b>5 Subawards – Subrecipient Services</b>						
<b>6 Contractual - Professional Services</b>						
<b>7 Communications</b>						
Cellular Telephone Service	0.0000	0.000	0.000		575.00	575.00
Office Telephone Service	0.0000	0.000	0.000		125.00	125.00
<b>Total for Communications</b>						
<b>8 Grantee Rent Costs</b>						
<b>9 Space Costs</b>						
<b>10 Capital Expenditures - Equipment &amp; Other</b>						
<b>11 Client Assistance - Rent</b>						
<b>12 Client Assistance - All Other</b>						
<b>13 Other Expense</b>						
<b>Total Program Expenses</b>					60,000.00	60,000.00
<b>TOTAL DIRECT EXPENSES</b>					60,000.00	60,000.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1 Indirect Costs</b>						
<b>2 Cost Allocation Plan</b>						
<b>Total Indirect Costs</b>					0.00	0.00
<b>TOTAL INDIRECT EXPENSES</b>					0.00	0.00
<b>TOTAL EXPENDITURES</b>					<b>60,000.00</b>	<b>60,000.00</b>

7/25/2023

Budget Detail for Crime Victim Rights Navigator Pilot Program - 2024  
Agency: Alpena County of Prosecutors Office  
Application: Crime Victim Rights Navigator Pilot Program - 2024

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Budget Summary for Crime Victim Rights Navigator Pilot Program - 2024  
 Agency: Alameda County of Prosecutors Office  
 Application: Crime Victim Rights Navigator Pilot Program - 2024

7/25/2023

Category	Total	Amount	Narrative
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1 Salary & Wages	37,544.00	37,544.00	
2 Fringe Benefits	11,263.00	11,263.00	
3 Employee Travel and Training	5,000.00	5,000.00	
4 Supplies & Materials	5,493.00	5,493.00	
5 Subawards – Subrecipient Services	0.00	0.00	
6 Contractual - Professional Services	0.00	0.00	
7 Communications	700.00	700.00	
8 Grantee Rent Costs	0.00	0.00	
9 Space Costs	0.00	0.00	
10 Capital Expenditures - Equipment & Other	0.00	0.00	
11 Client Assistance - Rent	0.00	0.00	
12 Client Assistance - All Other	0.00	0.00	
13 Other Expense	0.00	0.00	
<b>Total Program Expenses</b>	<b>60,000.00</b>	<b>60,000.00</b>	
<b>TOTAL DIRECT EXPENSES</b>	<b>60,000.00</b>	<b>60,000.00</b>	
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1 Indirect Costs	0.00	0.00	
2 Cost Allocation Plan	0.00	0.00	

Category	Total	Amount	Narrative
Total Indirect Costs	0.00	0.00	
<b>TOTAL INDIRECT EXPENSES</b>	0.00	0.00	
<b>TOTAL EXPENDITURES</b>	<b>60,000.00</b>	<b>60,000.00</b>	

Source of Funds

Category	Total	Amount	Cash	Inkind	Narrative
<b>1 Source of Funds</b>					
MDHHS State Agreement	60,000.00	60,000.00	0.00	0.00	
Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
Local	0.00	0.00	0.00	0.00	
Non-MDHHS State Agreements	0.00	0.00	0.00	0.00	
Federal	0.00	0.00	0.00	0.00	
Other	0.00	0.00	0.00	0.00	
In-Kind	0.00	0.00	0.00	0.00	
Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
<b>Total Source of Funds</b>	<b>60,000.00</b>	<b>60,000.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Totals</b>	<b>60,000.00</b>	<b>60,000.00</b>	<b>0.00</b>	<b>0.00</b>	

**Miscellaneous**

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**15. Supporting documentation, if required**

Attachment Title	Attachment