# **Lubbock County**



ID: R-2024-2018006000

VCSO: No

General Assistance Program Support Services

Budgeted Amount: \$10,000.00

**Grant Officer:** 

Start Date: 2025-07-01 End Date: 2026-08-31

Submission Deadline: 2024-11-12

TVC ID:

Award Type:

# **Request Status**

Full Application Review Negotiation Active Closed

Status

Full Application

#### ▼ Table of Contents

**Project Manager phone:** 

Additional Organization Information Full Application Summary of Services Financial Information Budget Tables Documents

Additional Organization Information				
Principal Participants				
Phone numbers must be formatted a	s XXX-XXX-XXXX			
Executive Director *	Gene Valentini			
Executive Director email:				
Executive Director phone:				
Chief Financial Officer *	Kathy Williams			
Chief Financial Officer email:				
Chief Financial Officer Phone:				
Chief Operations Officer:				
Chief Operating Officer email:				
Chief Operating Officer phone:				
Project Manager / Coordinator *	Gene Valentini			
Project Manager email:				

Project Accountant *	Kathy Williams
Project Accountant email:	
Project Accountant phone:	
Media / Communications Coordinator *	Gene Valentini
Media Coordinator email:	
Media Coordinator phone:	
PRR Reporter 1:	
PRR Reporter 2:	

### ▼ Full Application

- ▼ Summary of Services
- 1. Proposed Project Service Area(s)\* Lubbock
- 2. Who will the organization provide direct services to under the proposed project? Check boxes below.\*

Veterans: Yes

Dependents: No

Surviving Spouses: No

Total Number of unduplicated clients

to be served.\*

100

3. Provide a detailed description of the service(s) your Organization itends to offer to clients through this grant\*

Prosecutors will allow veterans who are facing allegations of a misdemeanor or felony to participate in criminal mediation sessions, accompanied by a close friend or family member. During these mediation sessions, all parties will collaborate to design a personalized rehabilitation plan for the veteran, focusing on helping the veteran to reintegrate with their community.

If the veteran completed the rehabilitation program, they may have their charges reduced or dismissed.

4. What types of eligible beneficiaries from the United States military components will your organization serve with TVC grant funding? (select all that apply)\*

Active Duty, National Guard, Reserves, Veteran

5. Choose the veteran discharge status(es) (Characterization of Service) that your organization will serve with TVC grant funding? (select all that apply)\*

Honorable, General Under Honorable Conditions, Other Than Honorable Conditions, Uncharacterized, Dishonorable, Bad Conduct, Dismissed 6. Can beneficiaries request services over the phone?\*

Yes

If yes, provide phone number for beneficiaries' to contact for application and/or client intake?\*

8067751720

Must be formatted as XXX-XXX-XXXX

7. Can beneficiaries request services or No make an appointment online?\*

8. Can beneficiaries apply for services

via walk-in? \*

Yes

9. Are services provided by

appointment only?\*

Yes

10. How will beneficiaries be evaluated

to determine priority of service?\*

First come - First Served

11. Once eligibility is determined, how many days will it take for requested services to be provided?\*

20

#### ▼ Financial Information

12. Does your organization have the ability to sustain this project without **FVA** funding?\*

Yes

13. Does your organization use

Yes

software to record accounting transactions and manage financial book keeping?\*

What is the name, type, and version of Tyler Technologies-Munis

the software?\*

Note: Enter values for Total Assets, Total liabilities and Net Assets

\$153,915,013.00 Total Assets\* **Total Liabilities\*** \$95,970,000.00

Net Assets at the end of the Year\*

\$57,945,013.00

#### **Budget Tables**

# **Direct Client Services Group**

Family Support Services Family Reintegration Program	\$8,696.65	1	\$8,696.65
Total			\$8,696.65

# IDC Group

Category	Amount Requested
Administrative and Facilities Costs	\$1,303.35
Total	\$1,303.35

**Total Budget:** \$10,000.00

# ▼ Documents

# APPLICATION PACKAGE DOCUMENTS

Governing Body Members

IRS Determination Letter

Liability Insurance