

APPLICATION OVERVIEW

AGENCY-SPECIFIC INFORMATION

Official Name of Agency: _____

Type of Agency: State County Municipality Nonprofit

Address: _____

City/State: _____ Zip Code +4: _____ - _____ County: _____

DUNS Number: _____ Federal ID Number: _____

Website: _____ Fiscal Year Start Date: _____

PROJECT-SPECIFIC INFORMATION

Project Title: _____

Type of Project: New Continuing Expansion

Amount Requested: \$_____ Federal \$_____ Match \$_____ Total

This Project Provides:

- Direct Services Legal Services Training Outreach Services
 Other (Please Describe) _____

Geographic Area to be Served: Indicate the service area of this project by county or municipality name(s). Write statewide if all counties in New Jersey will be served by this project.

Types of Crime Victim(s) to be Served through this Project:

- | | | |
|---------------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Child Abuse/Neglect |
| <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Dating Violence | <input type="checkbox"/> Elder Abuse |
| <input type="checkbox"/> Homicide Survivors | <input type="checkbox"/> Stalking | |

Project Population Served: Indicate whether this project is serving a special or underserved population of victims? (e.g., Latino/a, African American, Asian-American, Disabled, Elderly, LGBTQ, Immigrant, etc.).

- Yes No

If yes - indicate the population(s): _____

One Paragraph Description of your Project:

Indicate if your agency provides the following services/programs to crime victims:

- | | |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Emergency/crisis response | <input type="checkbox"/> Long term counseling |
| <input type="checkbox"/> Criminal Justice advocacy | <input type="checkbox"/> Short term counseling |
| <input type="checkbox"/> Legal advocacy | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Courtroom advocacy | <input type="checkbox"/> Victim outreach |
| <input type="checkbox"/> Housing advocacy | <input type="checkbox"/> Community Education |
| <input type="checkbox"/> Financial advocacy | <input type="checkbox"/> Hotline |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Emergency financial assistance |
| <input type="checkbox"/> In-person information/referral | <input type="checkbox"/> Telephone information/referral |
| <input type="checkbox"/> Economic development/networking services | |
| <input type="checkbox"/> Services for the children of victims (e.g., babysitting, recreation, etc.) | |
| <input type="checkbox"/> Shelter – If checked, indicate the number of beds available: _____ | |
| <input type="checkbox"/> Transitional Housing – If checked, indicate the number of family housing units: _____ | |

Indicate if your agency has programs for the following types of crime victims:

- | | | |
|---------------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Child Abuse/Neglect |
| <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Dating Violence | <input type="checkbox"/> Elder Abuse |
| <input type="checkbox"/> Homicide Survivors | <input type="checkbox"/> Stalking | |

Core Staff

Executive/Agency Director, Name/Title:			
Street Address, City, State, Zip Code +4 (if different from above)			
Telephone:	Ext.	Email:	Fax:
Project Director, Name/Title:			
Street Address, City, State, Zip Code +4 (if different from above)			
Telephone:	Ext.	Email:	Fax:
Main Point of Contact, Name/Title:			
Street Address, City, State, Zip Code +4 (if different from above)			
Telephone:	Ext.	Email:	Fax:
Chief Financial Officer, Name/Title:			
Street Address, City, State, Zip Code +4 (if different from above)			
Telephone:	Ext.	Email:	Fax:
Fiscal Contact, Name/Title:			
Street Address, City, State, Zip Code +4 (if different from above)			
Telephone:	Ext.	Email:	Fax: