# PROJECT INFORMATION

**AGENCY-SPECIFIC INFORMATION**

**Official Name of Agency:**

**Executive/Agency Director:**

**Type of Agency:** ☐ State ☐ County ☐ Municipality ☐ Nonprofit

**Address:**

**City/State:**

**Zip Code +4:**

**County:**

**County/Counties Served by your Agency:**

**DUNS Number:**

**Federal ID Number:**

**Fiscal Year Start Date:**

**Website: Telephone Number:**

**For Nonprofits only:**

Charitable Registration Number (If nonprofit & not exempt):

New Jersey Business Registration Certificate:

Have there been any findings filed against the agency in regards to its charitable status?

* Yes □ No If yes, please explain on a separate sheet

**Lead Agency Status**

Has your Agency been designated by the Department of Children and Families, Division on Women, as the Lead Sexual Assault Agency in your County? □ Yes □ No

Has your Agency been designated by the Department of Children and Families, Division on Women, as the Lead Domestic Violence Agency in your County? □ Yes □ No

**AGENCY-CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: |
|  | | | |
| **Fiscal Contact, Name/Title**: | | | |
| Street Address, City, State, Zip Code +4 (if different from above) | | | |
| Telephone: | Ext. | Email: | Fax: |

**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(s) 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.

**Crime Victim(s) to be Served:** □ Homicide Survivors □ Stalking □ DUI/DWI

* + Sexual Assault □ Dating Violence □ Child Abuse/Neglect
  + Human Trafficking □ Domestic Violence □ Elder Abuse
  + Gun Violence □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Population(s) to be 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, indicate population:
* No

**A Brief Description of your Project:**

**Core Services to be Provided:**

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

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

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

|  |  |  |
| --- | --- | --- |
| * DUI/DWI | * Homicide Survivors | * Stalking |
| * Child Abuse/Neglect | * Sexual Assault | * Dating Violence |
| * Elder Abuse | * Human Trafficking | * Domestic Violence |
|  |  |  |