STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY OFFICE OF THE ATTORNEY GENERAL

FFY 2017
VICTIMS OF CRIME ACT (VOCA) GRANT PROGRAM

DOCUMENTS TO BE RETURNED

July 2018
APPLICATION CHECK LIST

Instructions:

The Application Check List is a guide to submit a completed application.
- Return one (1) application with original signatures and one (1) copy.
- Submit the below documents with the application.
- Do not staple the application.

Application Content and Forms to be Completed and Returned:

Application Overview – Form Included
Project Proposal
   Agency Background, Mission, Experience and Capability – Provided by Applicant
   Problem Statement/Needs Assessment – Provided by Applicant
   Project Description, including Goals, Objectives, and Work Plan (Action Strategy) – Provided by Applicant
   Partnership, Collaboration or Coordination of Services – Provided by Applicant
   Letters of Support (At least three (3) project specific letters)
   Project Management and Staff – Provided by Applicant
   Job Descriptions (for any position to be funded under this budget)
   Current Resumes (staff currently employed and funded under this budget)
   Data Collection/Performance Measures/Evaluation – Provided by Applicant

Project Work Plan – Form Included
Budget Detail Worksheet – Form Included
Sources of Funds – Form Included
Match Waiver Request Justification Letter – Provided by Applicant, if applicable
Application Authorization – Form Included
Federal Single Audit Requirements Certification – Form Included
Proof of Compliance Federal Single Audit Requirements – Provided by Applicant
Indirect Cost Rate Fact Sheet - Form Included (for informational purposes only)
Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements – Form Included
Department of Law & Public Safety Debarment and Suspension Certification – Form Included
Proof of SAM Registration – Provided by Applicant

Additional forms provided by nonprofit applicants:
   Proof of Nonprofit status
   New Jersey Charitable Registration
   Applicable Licenses, Certifications and Permits
APPLICATION OVERVIEW

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 regard 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

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

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

One Paragraph Description of your Project:

Core Services

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
Core Staff

**Project Director**, Name/Title:

Street Address, City, State, Zip Code +4 (if different from above)

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<th>Telephone</th>
<th>Ext.</th>
<th>Email</th>
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**Main Point of Contact**, Name/Title:

Street Address, City, State, Zip Code +4 (if different from above)

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**Fiscal Contact**, Name/Title:

Street Address, City, State, Zip Code +4 (if different from above)

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## Project Work Plan

**FFY 2017 Victims of Crime Act (VOCA) Grant Program**

**Applicant and Project Name:**

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<tr>
<th>Objective</th>
<th>Activity</th>
<th>Projected Start-up &amp; Completion Dates (Do not use on-going)</th>
<th>Person Responsible</th>
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# SOURCES OF FUNDS

List **ALL** sources of funds received by the agency during the past State fiscal year (July 1 thru June 30). On the bottom of the form, list all funds received from the Department of Law and Public Safety (e.g. VAWA grants) in the past three years.

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<thead>
<tr>
<th>Federal Sources (Include Names)</th>
<th>Date of Award</th>
<th>Amount</th>
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<th>State Sources (Include Names)</th>
<th>Date of Award</th>
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<th>County Sources</th>
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<td>Local and Other Sources</td>
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<td>Total of All Sources of Funds</td>
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<td>Indicate the percentage of funds used to support this project:</td>
<td>%</td>
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## The Department of Law and Public Safety Funding

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<th>Date of Award</th>
<th>Grant Number</th>
<th>Project Title</th>
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APPLICATION AUTHORIZATION

Authorization to submit a grant application to the Department of Law and Public Safety, for a project entitled:

_____________________________________

for a federal subaward in the approximate amount of $______________, with the Applicant providing a match of $______________ (if applicable), for an approximate total project cost of $______________________.

This application consists of the following additional attachments for all applicants:

- Application Overview
- Project Proposal
- Project Work Plan
- Budget Detail Worksheet
- Sources of Funds Form
- Federal Single Audit Requirements Certification
- Proof of Compliance Federal Single Audit Requirements
- Indirect Cost Rate Agreement (if applicable)
- Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements
- Department of Law & Public Safety Debarment and Suspension Certification
- Proof of SAM Registration

The undersigned understands that the Department of Law and Public Safety will rely upon the following statements to provide these subaward funds:

1. The Project Director has reviewed the contents of the application, believes it is accurate, and certifies that the factual statements and data set forth in the application and attachments are true to the best of his or her knowledge and belief.

2. The Project Director has reviewed and is familiar with all statutory and regulatory requirements regarding the use of the funds being provided to undertake grant programs and activities; has sought and obtained legal advice from the Applicant’s legal counsel as considered appropriate or necessary, and will be responsible for undertaking the programs and activities described in the application.

3. The duly Authorized Official of the Applicant will ensure that the Applicant will use these subaward funds to carry out the project and activities specifically described in the application.
4. The duly Authorized Official of the Applicant is responsible for authorizing expenditures and disbursements of subaward funds.

5. The duly Authorized Official of the Applicant will ensure that the Applicant complies with all federal, state and municipal laws, statutes, regulations, circulars, policies, or codes regarding the use of these subaward funds.

6. The duly Authorized Official of the Applicant and the Project Director acknowledge that a false statement in this certification may be subject to criminal prosecution, including under 18 U.S.C. §1001.

7. The duly Authorized Official of the Applicant and the Project Director acknowledge that Office of Justice Program (OJP) grants, including certifications provided in connection with such grants, are subject to review by OJP and/or by the Department of Justice’s Office of the Inspector General.

8. The duly Authorized Official of the Applicant and the Project Director certify that the foregoing statements are true, and that if any of the foregoing statements made are willfully false, we will be subject to punishment.

As the duly Authorized Official of the Applicant-Subrecipient and as the Project Director, we hereby certify that the Applicant-Subrecipient will comply with the above-referenced provisions.

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<th>Applicant</th>
<th>Subaward #</th>
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<tr>
<th>Signature of Authorized Official</th>
<th>Title (County Executive, County Manager, County Supervisor, County Board President)</th>
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<td>Printed Name of Authorized Official</td>
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| Signature of Project Director | |
|--------------------------------| |

| Printed Name of Project Director | Date |