

**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

**Volunteers**

Does your agency use volunteers to provide victim services as required by VOCA?   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:

**Core Agency 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 |
| Gun Violence        |                    |                   |

**PROJECT-SPECIFIC INFORMATION**

**Project Title:** \_\_\_\_\_

**Type of Project:**           New - start up a new victim services project  
                                   Continuing - Continue a VOCA funded victim service project funded under a previous award  
                                   Expansion - Expand or enhance an existing project not funded by VOCA under a previous award

**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: (Check all that apply)**

Child Abuse/Neglect	Violent Offenses		Non Violent Offenses	
Domestic Violence	Adults molested as Child	Gun Violence	Cyber Crimes	
Sexual Assault – Adult (>18)	Assault	Hate Crime	Robbery	
Sexual Assault – Child (<18)	Dating Violence	Homicide Survivors	Theft	
	DUI/DWI	Human Trafficking	Other _____	
	Elder Abuse	Elder Abuse		
	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 Description of your Project:**

Please provide a short description of the grant project. Include in the description the types of crime victims your project will serve and the services that your project will provide. (Only list the types of victims to be served and the services that will be provided that will be paid for by this grant.)

**Description of your Agency Background, Mission, Experience and Capability:**

**Problem Statement/Needs Assessment:**

**Goals, Objectives and Implementation:**

**List of Key Project Staff:**

**Data Collection/Performance Measures/Evaluation:**

**Any additional information you would like to provide:**