

**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

**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:**

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

**Problem Statement/Needs Assessment:**

**Goals, Objectives and Implementation:**

**Equitable Partnership Between Medical Institution and Community Based Organization(s):**

**Coordination of and Linkages to services:**

**Project Leadership, Management and Staff:**

**Data Collection and Performance Measures:**

**Any Additional Information:**