

## 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.

**Estimated Percentage of Crime Victim(s) to be Served:** (Please indicated percentage(s) below, total percentage(s) must equal 100%)

- Sexual Assault       Domestic Violence       Child Abuse/Neglect  
 Human Trafficking       Dating Violence       Elder Abuse  
 Homicide Survivors       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:**

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**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:**

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

**Core Staff**

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