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:

____

UEI 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:

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:

Core Services to be Provided:

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

- Emergency/crisis response
- Criminal Justice advocacy
- Legal advocacy
- Courtroom advocacy
- Housing advocacy
- Financial advocacy
- Legal services
- In-person information/referral
- Long term counseling
- Short term counseling
- Support groups
- Victim outreach
- Community Education
- Hotline
- Emergency financial assistance
- 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
- Child Abuse/Neglect
- Elder Abuse
- Gun Violence
- Homicide Survivors
- Sexual Assault
- Human Trafficking
- Stalking
- Dating Violence
- Domestic Violence

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: