

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 regarding 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:

PMT Contact Person, 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 service 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)

Geographical 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.

Estimated Percentage of Crime Victims to be Served: (Please indicate percentage(s), total percentage(s) must equal 100%)

	Violent Offenses	Non Violent Offenses
Child Physical Abuse/Neglect	DUI/DWI Crashes	Dating Violence
Domestic and Family Violence	Assault	Gun Violence
Sexual Assault – Adult (>18)	Adults Molested as Child	Hate Crime
Sexual Assault – Child (<18)	Elder Abuse	Human Trafficking
	Survivors of Homicide	Robbery
	Other	Cyber Crime
		Theft
		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.)

Agency Background, Mission, Experience, and Capability:

Character Limit: 1,000

Problem Statement/Needs Assessment:

Character Limit: 3,500

Goals, Objectives, and Implementation:

List of Key Project Staff:

Character Limit: 1,600

Data Collection/Performance Measures/Evaluation:

Character Limit: 2,500

Any Additional Information You Would Like To Provide: