

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY

**FY24 OVC Enhanced Collaborative Model (ECM)  
Task Force to Combat Human Trafficking**



**APPLICATION DOCUMENTS  
TO BE COMPLETED  
AND RETURNED**

March 2024

***Application Content and Form Documents to be Completed and Returned:***

- Applicant Information Form – Form Included
- Project Proposal
  - ***Explain the Victim Service Provider's Experience in Human Trafficking Services***– Provided by Applicant
  - ***Describe the Types of Services Provided*** – Provided by Applicant
  - ***Provide Budget Detail for Use of Grant Funds***– Provided by Applicant
- Application Authorization – Form Included
- Department of Law & Public Safety Debarment and Suspension Certification – Form Included
- Proof of Debarment and Suspension Certification – Provided by Applicant

**Additional forms provided by nonprofit applicants:**

- Proof of Nonprofit status, if applicable – Provided by Applicant
- New Jersey Charitable Registration, if applicable – Provided by Applicant
- Applicable Licenses, Certifications and Permits – Provided by Applicant
- Mandatory Waiver from Local Units of Government, if applicable – Sample Form Included

***NOTE: ONLY COMPLETE APPLICATIONS CAN BE PROCESSED.***

***ABOVE ITEMS MUST BE SUBMITTED WITH THE APPLICATION***

**Applicant Information Form****JAG Program**

Project Duration Period (when to when):		Grant No.:
Official Name of Applicant Agency:		
Address:		
City/State:	Zip Code + 4:	County:
Implementing Agency (if different than applicant):		
Agency Website:		Fiscal Year Start Date:
UEI Number:		Federal ID Number:
Charitable Registration Number (if nonprofit & not exempt):		
Have there been any findings filed against the agency in regard to its charitable status? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain on a separate sheet.		

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

<b>Name and Title of Project Director:</b>			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax:

<b>Name and Title of Contact Person:</b>			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax:

<b>Name and Title of Chief Financial Officer:</b>			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax:

<b>Name and Title of PMT Contact Person:</b>			
Street Address, City, State, Zip Code + 4 (if different from above):			
Telephone:	Ext.	Email:	Fax:

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
OFFICE OF ATTORNEY GENERAL

**APPLICATION AUTHORIZATION**

Authorization to submit a grant application to the Department of Law and Public Safety, Office of Attorney General (“OAG”) for a project entitled:

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for a federal subaward in the approximate amount of \$ \_\_\_\_\_, with the Subrecipient providing a match of \$ \_\_\_\_\_ (if applicable), for an approximate total project cost of \$ \_\_\_\_\_.

This application consists of the following additional attachments for all applicants:

- Applicant Information Form
- Project Proposal
- Department of Law & Public Safety Debarment and Suspension Certification

The undersigned understands that the OAG will rely upon the following statements to provide these subaward funds:

1. The Project Director has reviewed the contents of the application, believes it is accurate, and certifies that the factual statements and data set forth in the application and attachments are true to the best of his or her knowledge and belief.
2. The Project Director has reviewed and is familiar with all statutory and regulatory requirements regarding the use of the funds being provided to undertake grant programs and activities; has sought and obtained legal advice from the Applicant’s legal counsel as considered appropriate or necessary, and will be responsible for undertaking the programs and activities described in the application.

3. The duly Authorized Official of the Applicant will ensure that the Applicant will use these subaward funds to carry out the project and activities specifically described in the application.
4. The duly Authorized Official of the Applicant is responsible for authorizing expenditures and disbursements of subaward funds.
5. The duly Authorized Official of the Applicant will ensure that the Applicant complies with all federal, state and municipal laws, statutes, regulations, circulars, policies, or codes regarding the use of these subaward funds.
6. The duly Authorized Official of the Applicant and the Project Director acknowledge that a false statement in this certification may be subject to criminal prosecution, including under 18 U.S.C. §1001.
7. The duly Authorized Official of the Applicant and the Project Director acknowledge that Office of Justice Program (OJP) grants, including certifications provided in connection with such grants, are subject to review by OJP and/or by the Department of Justice's Office of the Inspector General.
8. The duly Authorized Official of the Applicant and the Project Director certify that the foregoing statements are true, and that if any of the foregoing statements made are willfully false, we will be subject to punishment.

As the duly Authorized Official of the Applicant-Subrecipient and as the Project Director, we hereby certify that the Applicant-Subrecipient will comply with the above-referenced provisions.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (County Executive, County  
Manager, County Supervisor, County  
Board President)

\_\_\_\_\_  
Printed Name of Authorized Official

\_\_\_\_\_  
Signature of Project Director

\_\_\_\_\_  
Printed Name of Project Director

\_\_\_\_\_  
Date

**STATE OF NEW JERSEY**

**EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE  
GRANT PROGRAM**

**SAMPLE WAIVER**

I, \_\_\_\_\_, am eighteen years of age or older, and certify:  
(Name)

1. I am \_\_\_\_\_ of the  
(Title - County Executive, County Manager, County Supervisor, County  
Board President; Mayor, Chief Executive or Village President)

\_\_\_\_\_  
(Name of local unit of government)

2. On behalf of the Local Unit of Government, I am authorized to sign this certification.
3. I am submitting this certification in conjunction with the proposed provision of subaward funds in the approximate amount of \_\_\_\_\_ to the nonprofit  
(Dollar amount of funds)  
organization, through the NJ Department of Law and Public Safety, under the Edward Byrne Memorial Justice Assistance Grant Program.
4. In making this certification, I understand that the Department of Law and Public Safety will rely upon the statements made herein in the processing of this application and with the provision of the above grant funds.
5. The proposed application for a subgrant to this Nonprofit Organization benefits the Local Unit of Government.
6. On behalf of the Local Unit of Government, I voluntarily sign this waiver as required by the Edward Byrne Memorial Justice Assistance Program.

7. I understand that a portion of the state grant funds under the Edward Byrne Memorial Justice Assistance Program which will fund this subgrant project are set aside for local government use.
8. I believe that the proposed project will provide a direct local benefit.
9. I agree that funding the project from the state to the Nonprofit Organization is in the best interests of the Local Unit of Government.

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**Signature of Authorized Official**

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**Title (County Executive, County Manager, County Supervisor, County Board President; Mayor; Chief Executive or Village President)**

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**Printed Name**

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**Date**

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**Local Unit of Government**