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

FFY 2016
VICTIMS OF CRIME ACT (VOCA)
GRANT PROGRAM

DOCUMENTS TO BE RETURNED

Fall 2017
STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
OFFICE OF THE ATTORNEY GENERAL

FFY 2016
Victims of Crime Act (VOCA) Grant Program

APPLICATION CHECK LIST

Instructions:

The Application Check List is a guide to submit a completed application.

- Return one (1) application with original signatures and three (3) copies.
- Submit the below documents with the application.
- Do not staple the application.

Application Content and Forms to be Completed and Returned:

- Application Overview – Form Included
- Project Proposal
  - Agency Background, Mission, Experience and Capability – Provided by Applicant
  - Problem Statement/Needs Assessment – Provided by Applicant
  - Project Description, including Goals, Objectives, and Work Plan (Action Strategy) – Provided by Applicant
  - Partnership, Collaboration or Coordination of Services – Provided by Applicant
    - Letters of Support (At least three (3) project specific letters)
- Project Management and Staff – Provided by Applicant
  - Job Descriptions (for any position to be funded under this budget)
  - Current Resumes (staff currently employed and funded under this budget)
- Data Collection/Performance Measures/Evaluation – Provided by Applicant
- Project Work Plan – Form Included
- Budget Detail Form – Form Included
- Budget Narrative (describing each category of the budget listed on Budget Detail Form) – Provided by Applicant
- Sources of Funds – Form Included
- Match Waiver Request Justification Letter – Provided by Applicant, if applicable
- Application Authorization – Form Included
- Federal Single Audit Requirements Certification – Form Included
- Proof of Compliance Federal Single Audit Requirements – Provided by Applicant
- Indirect Cost Rate Fact Sheet - Form Included (for informational purposes only)
- Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements – Form Included
- Department of Law & Public Safety Debarment and Suspension Certification – Form Included
- Proof of SAM Registration – Provided by Applicant

Additional forms provided by nonprofit applicants:
- Proof of Nonprofit status
- New Jersey Charitable Registration
- Applicable Licenses, Certifications and Permits
APPLICATION OVERVIEW

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 regard 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

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

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

One Paragraph Description of your Project:

Core 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
## AGENCY-CONTACT INFORMATION

### Core Staff

#### Project Director, Name/Title:

Street Address, City, State, Zip Code +4 (if different from above)

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<th>Telephone:</th>
<th>Ext.</th>
<th>Email:</th>
<th>Fax:</th>
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#### Main Point of Contact, Name/Title:

Street Address, City, State, Zip Code +4 (if different from above)

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#### Fiscal Contact, Name/Title:

Street Address, City, State, Zip Code +4 (if different from above)

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<td>Objective</td>
<td>Activity</td>
<td>Projected Start-up &amp; Completion Dates (Do not use on-going)</td>
<td>Person Responsible</td>
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**SOURCES OF FUNDS**

List **ALL** sources of funds received by the agency during the past State fiscal year (July 1 thru June 30). On the bottom of the form, list all funds received from the Department of Law and Public Safety (e.g. VAWA grants) in the past three years.

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<thead>
<tr>
<th>Federal Sources (Include Names)</th>
<th>Date of Award</th>
<th>Amount</th>
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<th>State Sources (Include Names)</th>
<th>Date of Award</th>
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| County Sources | $ |
| Local and Other Sources | $ |
| Total of All Sources of Funds | $ |

Indicate the percentage of **funds** used to support this project: %

The Department of Law and Public Safety Funding

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<tr>
<th>Date of Award</th>
<th>Grant Number</th>
<th>Project Title</th>
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APPLICATION AUTHORIZATION

Authorization to submit a grant application to the Department of Law and Public Safety, for a project entitled:

______________________________________________________________________________

for a federal subaward in the approximate amount of $______________, with the Applicant providing a match of $______________ (if applicable), for an approximate total project cost of $________________________.

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

☐ Application Overview
☐ Project Proposal
☐ Project Work Plan
☐ Budget Detail Form
☐ Budget Narrative
☐ Sources of Funds Form
☐ Federal Single Audit Requirements Certification
☐ Proof of Compliance Federal Single Audit Requirements
☐ Indirect Cost Rate Agreement (if applicable)
☐ Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements
☐ Department of Law & Public Safety Debarment and Suspension Certification
☐ Proof of SAM Registration

The undersigned understands that the Department of Law and Public Safety 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                                      Subaward #
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Signature of Authorized Official               Title (County Executive, County Manager, County Supervisor, County Board President)

--------------------------------------------------
Printed Name of Authorized Official             
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Signature of Project Director                   
--------------------------------------------------

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Printed Name of Project Director                Date