

APPLICATION OVERVIEW

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.

Types of Crime Victims to be Served (e.g. Sexual Assault, Homicide Survivors, Domestic Violence):

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:

AGENCY-SPECIFIC INFORMATION

Core Information

Official Name of Agency:

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: _____

Website: _____

Fiscal Year Start Date: _____

Core Services

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

- | | |
|--|---|
| <input type="checkbox"/> Emergency/crisis response | <input type="checkbox"/> Long term counseling |
| <input type="checkbox"/> Criminal Justice advocacy | <input type="checkbox"/> Short term counseling |
| <input type="checkbox"/> Legal advocacy | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Courtroom advocacy | <input type="checkbox"/> Victim outreach |
| <input type="checkbox"/> Housing advocacy | <input type="checkbox"/> Community Education |
| <input type="checkbox"/> Financial advocacy | <input type="checkbox"/> Hotline |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Emergency financial assistance |
| <input type="checkbox"/> In-person information/referral | <input type="checkbox"/> Telephone information/referral |
| <input type="checkbox"/> Economic development/networking services | |
| <input type="checkbox"/> Services for the children of victims (e.g., babysitting, recreation, etc.) | |
| <input type="checkbox"/> Shelter – If checked, indicate the number of beds available: _____ | |
| <input type="checkbox"/> Transitional Housing – If checked, indicate the number of family housing units: _____ | |

Indicate if your agency has programs for the following types of crime victims:

- | | | |
|--|---|--|
| <input type="checkbox"/> DUI/DWI | <input type="checkbox"/> Homicide Survivors | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Dating Violence |
| <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Domestic Violence |

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

Core Staff

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