

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE

**FFY 2015
VICTIMS OF CRIME ACT (VOCA)**

**New Jersey Enhanced Statewide Human Trafficking
Victim Services Program
Grant Program**



**APPLICATION DOCUMENTS
TO BE COMPLETED AND RETURNED**



April 2016

STATE OF NEW JERSEY

FFY 2015

Victims of Crime Act (VOCA)

New Jersey Enhanced Statewide Human Trafficking Victim Services Program
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 two (2) copies.
- The below items must be submitted with the application.
- Do not staple the application.
- Only complete applications will be considered.

Application Content and Form Documents to be Completed and Returned:

- Application Overview – Form Included
- Agency Information – Form Included
- Project Proposal
 - ***Agency Background, Mission, Experience and Capability*** – Provided by Applicant
 - ***Problem Statement/Needs Assessment*** – Provided by Applicant
 - ***Goals, Objectives and Work Plan (Action Strategy)*** – Provided by Applicant
 - ***Partnership, Collaboration or Coordination of Services*** – Provided by Applicant
 - ***Project Management and Staff*** – Provided by Applicant
 - ***Data Collection/Performance Measures/Evaluation*** – Provided by Applicant
- 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
- Application Authorization – Form Included
- Accounting System and Financial Capability Questionnaire – Form Included
- Federal Single Audit Requirements Certification – Form Included
- Proof of Compliance Federal Single Audit Requirements – Provided by Applicant
- Indirect Cost Rate Fact Sheet
- 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

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APPLICATION OVERVIEW

Name of Applicant: _____

Title of Project: _____

Amount Applied for: \$ _____ Federal \$ _____ Match \$ _____ Total

Type of Agency: State County Municipality Nonprofit

What County is your agency located in: _____

Counties served if more than one: _____

Type of Project: New Continuing Expansion

Have you been designated by the Department of Community Affairs, Division on Women as the lead sexual assault agency in your county? Yes No

Have you been designated by the Department of Children and Families, Division of Youth and Family Services as the lead domestic violence agency in your county? Yes No

Types of Victims Served for this Project: Sexual Assault Domestic Violence Stalking

Child Abuse Homicide Survivors Elder Abuse DUI/DWI

Dating Violence Other _____

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AGENCY INFORMATION

Official Name of Applicant Agency:			
Address:			
City/State:	Zip Code + 4:	County:	
Implementing Agency (if different than applicant):			
Agency Website:	Fiscal Year Start Date:	Federal ID Number:	
Name and Title of Chief Executive/Agency Director:			
Street Address, City, State, Zip Code +4 (if different from above)			
Telephone:	Ext.	Email:	Fax:
Name and Title of Project Director:			
Street Address, City, State, Zip Code +4 (if different from above)			
Telephone:	Ext.	Email:	Fax:
Name and Title of Contact Person:			
Street Address, City, State, Zip Code +4 (if different from above)			
Telephone:	Ext.	Email:	Fax:
Name and Title of Chief Financial Officer:			
Street Address, City, State, Zip Code +4 (if different from above)			
Telephone:	Ext.	Email:	Fax:
Name and Title of Fiscal Contact Person:			
Street Address, City, State, Zip Code +4 (if different from above)			
Telephone:	Ext.	Email:	Fax:

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AGENCY INFORMATION, CONTD.

Project Specific Information

Project Title: _____

This Project Provides:

Outreach Services Legal Services Training Direct Services

Other (Please Describe) _____

Project Service Area: 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.

Project Population Served: Is this project servicing a special population group or underserved population of victims? (e.g., Spanish-speaking, Latino, African American, Disabled, Elderly, etc.).

Yes No

If yes - indicate the population(s): _____

Agency Specific Information

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

Core Services

- | | |
|---|--|
| <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 for victims | |
| <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"/> DWI | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Neglected or abused children | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Human Trafficking |

Applicant: _____

Grant No: _____

Budget Detail Form

COST ELEMENT

A. Personnel 1. Salaries and Wages List each name and position	% of time spent on grant project	% of salary paid with Subaward Funds <u>and/or</u> Match	Annual Salary <u>or</u> Hourly Rate	Subaward Funds	Match	Project Total

SUB-TOTAL SALARIES AND WAGES			
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Applicants must submit a Budget Detail Form detailing how both the requested subaward funds and the match, if applicable, will be used to implement the project. All costs must be itemized and the calculations used to determine the total project amounts must be shown.

Applicants must submit a separate Budget Narrative explaining costs listed on the Budget Detail Form. The narrative must include a justification and the computation for each cost element listed that will be charged to the project.

Refer to applicable Program Administration and Funding Guidelines for information on the Budget Detail Form and Budget Narrative.

Applicant: _____

Grant No: _____

Budget Detail Form

COST ELEMENT				Subaward Funds	Match	Project Total
B. Purchase of Services						
Name of Provider	Contracted Services Provided/ Seminar Registration/ Costs of professional services	Unit Cost/ Hourly Rate	Units/ Project Hours			
(e.g., cell phone service)						
TOTAL PURCHASE OF SERVICES						

C. Travel, Transportation, Subsistence (show food costs related to travel only)			Subaward Funds	Match	Project Total
Purpose / Location	Item (e.g., # of Miles)	Computation (e.g., \$.31 per Mile)			
TOTAL TRAVEL, TRANSPORTATION, SUBSISTENCE					

Applicant: _____

Grant No: _____

Budget Detail Form

COST ELEMENT	Subaward Funds	Match	Project Total
D. Consumable Supplies, Postage, Printing (list each item & show unit cost & calculations)			
TOTAL CONSUMABLE SUPPLIES			

E. Facilities, Office Space, Utilities (calculate monthly project cost & show cost allocation method)	Subaward Funds	Match	Project Total
Rent (in budget narrative, indicate square footage and cost per square foot)			
Utilities (in budget narrative, specify utility)			
Telephone (landline)			
Other (specify)			
Other (specify)			
Other (specify)			
TOTAL FACILITIES			

Applicant: _____

Grant No: _____

Budget Detail Form

COST ELEMENT	Subaward Funds	Match	Project Total
F. Equipment (List and explain in attached budget narrative; calculate per unit cost)			
TOTAL EQUIPMENT			

G. Victim Aid for VOCA, VAG, VAWA Grants Only
(list each item & show unit cost & calculations)

G. Victim Aid for VOCA, VAG, VAWA Grants Only (list each item & show unit cost & calculations)	Subaward Funds	Match	Project Total
TOTAL VICTIM AID			

H. Indirect Costs	Subaward Funds	Match	Project Total
TOTAL INDIRECT COSTS			

	Subaward Funds	Match	Project Total
TOTAL PROJECT COST (Sections A thru G)			

STATE OF NEW JERSEY

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APPLICATION AUTHORIZATION

Authorization to submit a grant application to the Department of Law and Public Safety, Division of Criminal Justice (“Division”) for a project entitled:

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:

- Application Overview
- Agency Information
- Project Proposal
- Budget Detail Form
- Budget Narrative
- Sources of Funds Form
- Accounting System and Financial Capability Questionnaire
- Federal Single Audit Requirements Certification
- Proof of Compliance Federal Single Audit Requirements
- Indirect Cost Rate Fact Sheet
- 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

The undersigned understands that the Division 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 Subrecipient’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 Subrecipient will ensure that the Subrecipient will use these subaward funds to carry out the project and activities specifically described in the application.
4. The duly Authorized Official of the Subrecipient is responsible for authorizing expenditures and disbursements of subaward funds.
5. The duly Authorized Official of the Subrecipient will ensure that the Subrecipient 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 Subrecipient 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 Subrecipient 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 Subrecipient 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.

Subrecipient

Subaward #

Signature of Authorized Official

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

