

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:

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 regards 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

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:

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

A Description of your Project:

Description of your Agency Background, Mission, Experience and Capability:

Core Services to be Provided:

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 |

Problem Statement/Needs Assessment:

Goals, Objectives and Implementation:

List of Key Project Staff:

Data Collection/Performance Measures/Evaluation:

Any additional information you would like to provide: