

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

**FFY 2017
VICTIMS OF CRIME ACT (VOCA)
GRANT PROGRAM**



DOCUMENTS TO BE RETURNED

July 2018

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

FFY 2017
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 one (1) copy.
- 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 Worksheet – Form Included

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:

- | | |
|--|---|
| <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 |

AGENCY-CONTACT INFORMATION

Core Staff

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:

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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 Worksheet
- 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 #

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

