**APPLICATION OVERVIEW**

**AGENCY-SPECIFIC INFORMATION**

**Official Name of Agency:**

**Type of Agency:** ☐ State ☐ County ☐ Municipality ☐ Nonprofit

# Address:

**City/State: Zip Code +4: - County:**

**DUNS Number: Federal ID Number:**

**Website: Fiscal Year Start Date:**

**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 Victim(s) to be Served through this Project:**

□ Sexual Assault □ Domestic Violence □ Child Abuse/Neglect

□ Human Trafficking □ Dating Violence □ Elder Abuse

□ Homicide Survivors □ Stalking

**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:**

**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:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □ | Sexual Assault | □ | Domestic Violence  | □ | Child Abuse/Neglect  |
| □ | Human Trafficking | □ | Dating Violence  | □ | Elder Abuse  |
| □ | Homicide Survivors | □ | Stalking  |  |  |

# 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:** |