PROJECT INFORMATION

	AGENCY-SPECIFIC IN	FORMATION				
Official Name of Agency:						
Executive/Agency Director:		<u> </u>				
Type of Agency: □ State	☐ County ☐ Municipali	ty Nonprofit				
Address:						
City/State:	Zip Code +4:	County:				
County/Counties Served by you	County/Counties Served by your Agency:					
		Fiscal Year Start Date:				
Website:	T	elephone Number:				
For Nonprofits only:						
Charitable Registration Number (I	f 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? \Box Yes \Box No						

AGENCY-CONTACT INFORMATION

Project Director, Name/Title:					
Street Address, City, State, Zip Code +4 (if different from above)					
Talankana	E4	Email	Pari.		
Telephone:	Ext.	Email:	Fax:		
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Main Point of Contact	ct, Name/Title:				
Street Address, City, S	State, Zip Code +4 (in	different from above)			
Telephone:	Ext.	Email:	Fax:		
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	<u> </u>		<u> </u>		
Fiscal Contact, Name	e/Title:				
Street Address, City, State, Zip Code +4 (if different from above)					
Telephone:	Ext.	Email:	Fax:		

PROJECT-SPECIFIC INFORMATION							
PROJECT-SPECIFIC INFURMATION							
Project Title:							
Type of Project:	□ New	□ Coi	ntinuing	$\Box Ex$	pansion		
Amount Requested:	\$	_Federal	\$	Match	\$	Total	
This Project Provides □ Direct Servi □ Other (Pleas	ces			□ Trai		□ Outreach Services	
Geographic Area(s) t statewide if all countie					oject by o	county or municipality name(s). W	rite
Crime Victim(s) to be Served: □ Homicide Survivors □ Stalking □ DUI/DWI □ Sexual Assault □ Dating Violence □ Child Abuse/Neglect □ Human Trafficking □ Domestic Violence □ Elder Abuse Gun Violence							
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 you	r Project:						
Description of your Agency Background, Mission, Experience and Capability:							

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Description of your Agency Background, Mission, Experience and Capability (continued):

Description of your Agency Background, Mission, Experience and Capability (continued):					
Problem Statement/Needs Assessment:					

Project Leadership, Management and Staff:						

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Any additional information you would like to provide: