

## APPLICATION OVERVIEW

<b>PROJECT-SPECIFIC INFORMATION</b>
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**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 Victims to be Served** (e.g. Sexual Assault, Homicide Survivors, Domestic Violence):

\_\_\_\_\_  
**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:**

<b>AGENCY-SPECIFIC INFORMATION</b>
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**Core Information**

**Official Name of Agency:**

\_\_\_\_\_  
**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:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Fiscal Year Start Date:** \_\_\_\_\_

**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 |

**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

**Core Staff**

<b>Executive/Agency Director, Name/Title:</b>			
Street Address, City, State, Zip Code +4 (if different from above)			
<b>Telephone:</b>	<b>Ext.</b>	<b>Email:</b>	<b>Fax:</b>
<b>Project Director, Name/Title:</b>			
Street Address, City, State, Zip Code +4 (if different from above)			
<b>Telephone:</b>	<b>Ext.</b>	<b>Email:</b>	<b>Fax:</b>
<b>Main Point of Contact, Name/Title:</b>			
Street Address, City, State, Zip Code +4 (if different from above)			
<b>Telephone:</b>	<b>Ext.</b>	<b>Email:</b>	<b>Fax:</b>
<b>Chief Financial Officer, Name/Title:</b>			
Street Address, City, State, Zip Code +4 (if different from above)			
<b>Telephone:</b>	<b>Ext.</b>	<b>Email:</b>	<b>Fax:</b>
<b>Fiscal Contact, Name/Title:</b>			
Street Address, City, State, Zip Code +4 (if different from above)			
<b>Telephone:</b>	<b>Ext.</b>	<b>Email:</b>	<b>Fax:</b>