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
☐ 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 your Project:

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

Problem Statement/Needs Assessment:

Goals, Objectives and Implementation:

Equitable Partnership Between Medical Institution and Community Based Organization(s):

Coordination of and Linkages to services:

Project Leadership, Management and Staff:

Data Collection and Performance Measures:

Any Additional Information: