

**REVISED
FORM A
VICTIMS OF CRIME ACT
VICTIM ASSISTANCE GRANT APPLICATION**

A. APPLICATION INFORMATION	
1. Applicant's Name:	
2. Applicant's Mailing Address:	
3. Applicant's Physical Address:	
4. Telephone Number:	
5. Facsimile Number:	
6. Email Address:	
7. DUNS	
8. SAM Registration Expiration	

B. CONTACT PERSON INFORMATION	
1. Name:	
2. Telephone Number:	
3. Facsimile Number:	
4. Email Address:	

C. ORGANIZATION'S EIN/TIN	#:
Business License	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Exemption Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. STAFFING LEVEL REQUEST	
1. FY2016:	
2. FY2017:	
3. FY2018:	
4. FY2019:	
Has the program received a volunteer waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, indicate the number of volunteer staff that will work on this project. _____	

E. ORGANIZATION TYPE	
1. Criminal Justice – Government: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Prosecution <input type="checkbox"/> Probation <input type="checkbox"/> Court <input type="checkbox"/> Corrections <input type="checkbox"/> Other (Please Indicate) _____	
2. Non-criminal Justice – Government: <input type="checkbox"/>	3. Private For Profit: <input type="checkbox"/>
4. Private Non-Profit: <input type="checkbox"/>	5. Other (Please Specify) <input type="checkbox"/> _____

F. ORGANIZATION'S FINANCIAL SOURCES		
SOURCE	FY2013	FY2014
1. VOCA	\$	\$
2. FEDERAL – NON-VOCA	\$	\$
3. LOCAL	\$	\$
4. OTHER:	\$	\$
TOTAL (Sum of 1 -4)	\$	\$

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G. APPLICATION PURPOSE:		
1.	<input type="checkbox"/>	Start a new victim assistance program
2.	<input type="checkbox"/>	Continue a VOCA funded program from the previous fiscal year
3.	<input type="checkbox"/>	Expand/Enhance non-VOCA victim assistance program
4.	<input type="checkbox"/>	Other (Please Specify):

H. USE OF PROJECT FUNDS		
1.	<input type="checkbox"/>	Expand into new areas
2.	<input type="checkbox"/>	Offer new services
3.	<input type="checkbox"/>	Serve new or additional target populations
4.	<input type="checkbox"/>	Continue Existing services
5.	<input type="checkbox"/>	Other (Please Specify)

I. Priority Populations		
1.	<input type="checkbox"/>	Child Abuse
2.	<input type="checkbox"/>	Domestic Violence
3.	<input type="checkbox"/>	Sexual Assault
4.	<input type="checkbox"/>	Underserved
	4a.	<input type="checkbox"/> Survivors of Homicide Victims
	4b.	<input type="checkbox"/> Other Violent Crimes
	4c.	<input type="checkbox"/> Assault
	4d.	<input type="checkbox"/> Adults Molested as Children
	4e.	<input type="checkbox"/> Elder Abuse
	4f.	<input type="checkbox"/> DUI/DWI Crashes
	4g.	<input type="checkbox"/> Other _____

J. Services to be Provided								
1.	<input type="checkbox"/>	Crisis Hotline	6.	<input type="checkbox"/>	Shelter/Safe House	11.	<input type="checkbox"/>	Criminal Justice Advocacy
2.	<input type="checkbox"/>	Crisis Counseling	7.	<input type="checkbox"/>	Information/Referral	12.	<input type="checkbox"/>	Other _____
3.	<input type="checkbox"/>	Therapy/Treatment	8.	<input type="checkbox"/>	Personal Advocacy	13.	<input type="checkbox"/>	Other _____
4.	<input type="checkbox"/>	Group Support	9.	<input type="checkbox"/>	Financial Assistance	14.	<input type="checkbox"/>	Other _____
5.	<input type="checkbox"/>	Transportation	10.	<input type="checkbox"/>	Legal Assistance	15.	<input type="checkbox"/>	Other _____