

HUMAN TRAFFICKING - VICTIM TREATMENT & SUPPORT SERVICES

ND OFFICE OF ATTORNEY GENERAL

I – APPLICATION OVERVIEW

Name of Subrecipient - Subrecipients are state agencies, units of local government (such as a city or county), or other general-purpose political subdivisions of a state or Indian Tribe.	Unique Entity Identifier		
Subrecipient Contact Name	Email	Telephone Number	
Subrecipient Street Address	City	State	Zip Code
Subrecipient Level of Government (check one) <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City/Town <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Park District <input type="checkbox"/> School District <input type="checkbox"/> Local Government			
Authorized Official Name - The authorized official must have the legal authority to commit the subrecipient to a contract or other agreement. Overall responsibility for the administration of the project rests with this individual. Examples are the mayor, city or county auditor, director of the state agency, or Tribal Chairperson.	Authorized Official Title		
Authorized Official Email Address	Authorized Official Telephone Number		
Authorized Official Street Address	City	State	Zip Code

Implementing Agency Name - Implementing agencies are the agencies performing the project activities (such as a non-profit).	Multi Agency Project <input type="checkbox"/> Yes <input type="checkbox"/> No	Multi-Jurisdiction Project <input type="checkbox"/> Yes <input type="checkbox"/> No	
Implementing Agency Street Address	City	State	Zip Code
Project Director Name - The project director has direct responsibility for implementation of the project activities. This person will prepare and submit all progress reports as required by the Office of Attorney General.	Project Director Title		
Project Director Email Address	Project Director Telephone Number		
Project Director Mailing Address (if different)	City	State	Zip Code
Fiscal Officer Name - The fiscal officer prepares and submits all financial reports as required by the Office of Attorney General and has responsibility for the financial administration of the project. .	Fiscal Officer Title		
Fiscal Officer Email Address	Fiscal Officer Telephone Number		
Fiscal Officer Mailing Address (if different)	City	State	Zip Code
Authorized Program Area (select all that apply) <input type="checkbox"/> Direct Victim Support <input type="checkbox"/> Support of Advocacy Services <input type="checkbox"/> Emergency/Long Term Crisis Services <input type="checkbox"/> Development and Implementation of Direct Care <input type="checkbox"/> Residential Care <input type="checkbox"/> Programs Promoting Positive Outcomes for Victims <input type="checkbox"/> Training for Law Enforcement/victim Service Providers			

SALARY			
Name/Position	Salary/ Month	Total Months	Total Cost
	Total Request:		

FRINGE			
Name/Position	Fringe/ Month	Total Months	Total Cost
	Total Request:		

B. Travel & Training - Itemize travel expenses of project personnel by purpose (i.e. training, meetings, mileage, etc.). State rates for in-state travel, or GSA rates for out-of state travel apply. **FOR UNIT COST AND QUANTITY – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, \$ signs, etc.)** Total cost will not calculate correctly if characters are used.

Purpose of Travel	Unit Cost	Quantity	Total Cost
Total Request:			

C. Equipment - List non-expendable items that are to be purchased that are \$5000 each or more. Items that do not meet these criteria should be considered Supplies. Rented or leased equipment should be listed in the Equipment Rent/Lease category. Attach a sheet using this format if you have additional items. **FOR UNIT COST AND QUANTITY – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, \$ signs, etc.)** Total cost will not calculate correctly if characters are used.

Description	Unit Cost	Quantity	Total Cost
Total Request:			

D. Consultants/Contracts - State service to be provided, anticipated hourly or daily rates, and estimated time on the project. Also include expenses to be paid to the consultants in addition to their fees (i.e., travel, meals, lodging, etc.) **FOR RATE/MONTH AND TOTAL MONTHS – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, \$ signs, etc.)** Total cost will not calculate correctly if characters are used.

Consultant/Contract & Service to be Provided	Rate/Month	Total Months	Total Cost
Total Request:			

E. Other Costs - List items (i.e. direct victim support, victim service funds (10% cap), facility rent, printing, telephone/cell phone, janitorial or security services, cost allocation plans, shelter supplies). **FOR UNIT COST AND QUANTITY – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, \$ signs, etc.)** Total cost will not calculate correctly if characters are used.

Description	Unit Cost	Quantity	Total Cost
Total Request:			

III - BUDGET SUMMARY

Category	Total Requests
A. Personnel	
B. Travel/Training	
C. Equipment	
D. Consultants/Contracts	
E. Other Costs	
Total Request:	

IV - IMPLEMENTING AGENCY BUDGET SUMMARY - List the agency's entire budget for its current fiscal year, including all funding sources **AND** any pending or applied for awards and just note the status at the time of application. The total amount of the budget line items should equal the total amount of funding sources.

Line Item		Current Operating Budget Amounts	
Personnel			
Operating Expenses			
Equipment			
Total Budget			
Funding Sources	Amount	Percentage of Total Agency Budget	
Justice Assistance Grant-JAG (Federal Portion Only)			
State General Fund			
Local Government General Fund			
Community Development Block Grant			
Victims of Crime Act (VOCA)			
STOP Violence Against Women Act			
Federal Family Violence			
Domestic Violence Prevention Fund			
Crime Victims Assistance (CVA)			
United Way			
Foundations			
Donations			
Court Fees			
Other (specify)			
Total Funding		100%	

V - AGENCY FUNDING SOURCES AND PROGRAM INCOME

A: Funding Sources

<p style="text-align: center;">Funding Sources</p> <p>List any other sources of grant funding supporting this project's activities INCLUDING any pending or applied for awards and just note the status at the time of application.</p>	<p style="text-align: center;">Amount</p>
Other (specify):	
<p style="text-align: right;">Total Funding</p>	

VI - PROJECT NARRATIVE

1. Project Description - Describe the proposed project and how it addresses specific problems, include specifics about the services to be provided, how the services will be provided, and the project deliverables.

2. Current Efforts - Clearly define what efforts are currently underway in response to the problems identified in the project description. Explain how current efforts relate to the project proposed here, will they be continued, modified or expanded? Additionally, provide relevant supporting data in the form of victim service data that reflects the agency's current and past efforts. **If requesting victim service funds in "other" provide information here as to what funds will be used for.**

3. Collaboration with Other Agencies - Describe in detail how your agency has collaborated or cooperated with other agencies in providing human trafficking services, or describe how your agency intends to collaborate with other agencies/patterns during the grant period.

4. Continued Funding - Describe in detail what plans or steps are in place to assure continuing of the project after the grant period.

VII - PROJECT GOALS, OBJECTIVES, TIMELINE, AND PERFORMANCE MEASURES

1. Overall Project Goals - State the project's goals, in general or broad terms. Goals should address the specific problem/need identified in the application. Goals should be stated in terms of the outcomes that the project wants to achieve. (Example: Develop and sustain an effective mental health program.)

2. Objectives - (Activities directed at achieving goals): State the project's objectives, in terms of specific steps or benchmarks that will eventually lead to accomplishing the goals. Objectives must be clearly expressed and in measurable terms. (Example: Increase the number of mental health services available.)

3. Timeline - Provide a detailed timeline for expenditure of project funds and completion of project goals and objectives.

4. Performance Measures - Describe the measures by which you will determine your project's success. Provide a description of how data supporting these measures will be collected: (Example: Number of victims served.)

VIII – AUTHORIZED SIGNATURES

I certify that the project proposed in this application meets applicable requirements, that all information presented is correct, and that the applicant will comply with the provisions of the grant and all other applicable federal laws. By appropriate language incorporated in each grant, sub-grant, or other document under which funds are to be disbursed, the undersigned shall assure that the applicable conditions shown above apply to all recipients of these grant funds.

Signature of Authorized Official (political subdivision)

Date

Signature of Project Director

Date

Signature of Fiscal Officer

Date