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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CRIME PREVENTION AND JUSTICE ASSISTANCE DIVISION**  **DEPARTMENT OF THE ATTORNEY GENERAL**  235 South Beretania Street, Suite 401, Honolulu, Hawaii 96813 | | | | | | | | | | | | | | | | | | |
| **FY 2020 VICTIMS OF CRIME ACT FORMULA GRANT APPLICATION**  **PART I. TITLE PAGE** | | | | | | | | | | | | | | | | | | |
| **A.** | **PROJECT TITLE**: |  | | | | | | | | | | | | | | | | |
| **B.** | **APPLICANT AGENCY:** |  | | | | | | | | | | | | | | | | |
| **C.** | **SYSTEM FOR AWARD MANAGEMENT (SAM):** | | | | | | Yes  No | | | | | | | **DUNS No.** | | |  | |
| **D.** | **APPLICATION RANKING WITHIN AGENCY:** | | | | |  | | | | (as determined by agency head) | | | | | | | | | |
| **E.** | **MAILING ADDRESS:** |  | | | | | | | | | | | | | | | | |
|  | **CITY** |  | | | **STATE** | | | HI | | | | | **ZIP + 4 DIGITS** | | | |  | |
| **F.** | **LOCATION OF PROJECT:** | |  | | | | | | | | | | | | | | | |
| **G.** | **PROJECT PERIOD:** | **From** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **To** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **H.** | **VOCA PRIORITY AREA(S):** | | 1.  Child Abuse 2.  Domestic Violence 3. Sexual Assault  4.  Underserved Populations *(****specify populations***)  Elderly Victims  Rural or Geographically Isolated  Homeless Victims  Survivors of Homicide/Neg Homicide Immigrant/LEP Victims  Victims with MH/SA Issues  LGBTQQ Victims  Victims of Sex Trafficking  Native Hawaiian Victims Victims of Violent Property Crime  Tourist/Visitor Victims Youth Aging Out of Foster Care  Victims with Disabilities Youth Offender Victims | | | | | | | | | | | | | | | |
| **I.** | **ADDITIONAL CONSIDERATION(S):**  ***Please select up to two boxes (if applicable*)** | | Child Abuse  Sexual Assault  100% Victims of Violent Crimes from **one** Underserved Population **(specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Underserved Populations-Rural or Geographically Isolated Areas | | | | | | | | | | | | | | | |
| **J.** | **TOTAL PROJECT AMOUNT:** | | Federal Funds Requested | | | | | | | | **$** | | | | |  | | |
|  |  | | 20% ***or*** 0% Match | | | | | | | | **$** | | | | |  | | |
|  |  | | Total Project Funds | | | | | | | | **$** | | | | |  | | |
| **K.** | **OTHER FUNDING SOURCES:** | | | | | | | | | | | | | | | | | |
|  | Is the proposed project seeking other sources of funding? Yes  No  \*If yes, then provide name of administering agency, name of fund source, and the amount of funds being sought: Agency:       Source:       Amount $ | | | | | | | | | | | | | | | | | |
| **L.** | **PROJECT DIRECTOR** | | | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | Title: | |  | | | | | | | | | |
|  | Mailing Address: |  | | | | | | | | | | | | | | | | |
|  | City: |  | | | State: | | |  | | | | | Zip: | |  | | |  |
|  | Telephone: |  |  |  | | | | E-Mail: | | | |  | | | | | | |
| **M.** | **FINANCIAL OFFICER** | | | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | Title: | |  | | | | | | | | | |
|  | Mailing Address: |  | | | | | | | | | | | | | | | | |
|  | City: |  | | | State: | | |  | | | | | Zip: | |  | | |  |
|  | Telephone: |  |  |  | | | | E-Mail: | | | |  | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| FOR CPJAD USE | | | | | | | | | | | | | | | | | | |
| **Date received:** | |  | | | | | **Project Number:** | | | | | |  | | | | | |
|  | |  | | | | |  | | | | | |  | | | | | |

**FY 2020 VICTIMS OF CRIME ACT FORMULA GRANT APPLICATION**

**PART II. DESCRIPTION OF PROJECT**

**A. THE PROBLEM**

**B. GOALS AND OBJECTIVES**

**C. PROJECT ACTIVITIES**

**D. PERFORMANCE INDICATORS/OUTCOME MEASURES**

**E. PROJECT ORGANIZATION AND STAFFING**