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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**