ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION

**VICTIM JUSTICE AND ASSISTANCE PROGRAM**

STOP and VOCA RECOVERY PROGRAMS

**APPLICATION COVER PAGE**



| | | | | | |
|---|---|---|---|---|---|
| **1. APPLICANT AGENCY** | | | | | |
| **2. MAILING ADDRESS** | | | | | |
| **3. CITY/STATE** | | | | **4. ZIP CODE** | |
| **5. AUTHORIZED OFFICIAL** (Name/Title) | | | | | |
| **6. TYPE OF APPLICANT** | Select One | **6a. SPECIFY OTHER** | | | |
| **7. CONSULTATION CERTIFICATION REQUIRED?** | Select One | **IF YES, COMPLETE ATTACHMENT G** | **8. FEDERAL IDENTIFICATION NUMBER** | | |
| **9. DUNS NUMBER** | | | | **10. DELINQUENT ON ANY FEDERAL DEBT?** | Select One |
| **11. CURRENT CCR REGISTRATION** | Select One | **12. WOULD THE FEDERAL FUNDS BEING REQUESTED REPLACE PRIOR LOCAL OR STATE SUPPORT FOR THIS PROJECT?** | | | Select One |
| **12a. IF YES to 12, EXPLAIN:** | | | | | |
| **13. FEDERAL FUNDS FOR WHICH YOU ARE APPLYING** | Select One | **14.FUNDS REQUESTED** | $ .00 | **15. MATCH PROVIDED** | $ .00 |
| ***PLEASE PROVIDE CONTACT INFORMATION FOR MATTERS INVOLVING THIS APPLICATION*** | | | | | |
| **16. PREFIX** | Select One | **SPECIFY OTHER** | | | |
| **17. FIRST NAME** | | | | **18. MIDDLE INITIAL** | |
| **19. PHONE NUMBER** | - - | **20. ALTERNATE CONTACT PHONE NUMBER** | - - | | |
| **21. E-MAIL ADDRESS** | | | | | |

**APPLICATION DEADLINE: MAY 1, 2009 at 4:30 P.M.**

**Applications received after the 4:30 deadline will not be considered.**

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| **22. PRJECT TITLE** | | | | |
| **23. PRIMARY PURPOSE OF THE PROJECT** *(Select only one purpose per application)* | **23a. VOCA** | Select One | **23b. VAWA (STOP)** | Select One |

| | | | | |
|---|---|---|---|---|
| **24. RECOVERY REQUIREMENTS** *( Indicate the number for each category - Zero is an acceptable response)* | **NEW JOBS TO BE CREATED** | | **JOBS TO BE RETAINED** | |
| | **COLLABORATIVE PARTNERSHIPS TO BE ESTABLISHED** | | **ESSENTIAL SERVICES TO BE MAINTAINED WITHOUT DISRUPTION.** | |
| | **SEXUAL ASSAULT NURSE EXAMINERS TO BE TRAINED** | | **ARRESTS RELATIVE TO POLICE RESPONSE TO DOMESTIC VIOLENCE INCIDENTS** | |
| | **VICTIM ADVOCATES SUPPORTED BY PROJECT FUNDING** | | **VICTIMS RECEIVING REQUESTED SERVICES** | |

| | | | | | |
|---|---|---|---|---|---|
| **25. NUMBER OF UNDUPLICATED VICTIMS TO BE SERVED** | | **26. WILL THE PROJECT UTILIZE VOLUNTEERS?** | Select One | **26a. IF YES, HOW MANY?** | |

| | | | |
|---|---|---|---|
| **27. INDICATE THE TYPE OF PRIMARY VICTIM TO BE SERVED AND THE APPROXIMATE NUMBER IN EACH CATEGORY** | ☐ | **SEXUAL ASSAULT** | |
| | ☐ | **DOMESTIC VIOLENCE** | |
| | ☐ | **CHILD ABUSE** | |
| | ☐ | **DUI/DWI** | |
| | ☐ | **SURVIVORS OF HOMICIDE VICTIMS** | |
| | ☐ | **ELDER ABUSE** | |
| | ☐ | **ROBBERY** | |
| | ☐ | **OTHER VIOLENT CRIME** | |

| | | | |
|---|---|---|---|
| **28. AREA(S) TO BE SERVED BY PROPOSED PROJECT** | **COUNTY(IES)** | **JUDICAL DISTRICT(S)** | **CONGRESSIONAL DISTRICT(S)** |
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