

Victim Compensation Fund

2024 Request for Proposals

**Application**

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# **Victim Compensation Fund — Application Cover Sheet**

*Please respond to the questions listed below, keeping your response to a* ***maximum of 3 pages*** *(not including cover sheet) and using a minimum font size of 11 point.*

|  |
| --- |
| 1. **Name of project’s lead agency**:
 |
| **please check one:**[ ]  lead agency has 501c3 status[ ]  project has a fiscal sponsor (specify name of the fiscal sponsor): ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(please note: applications must be signed by all participating partners, including the fiscal sponsor)** |
| 1. **Other project partners** (if applicable)**:**
 |
| 1. **Define the geographic community served by this project** (be as specific as possible, include neighborhoods, ZIP codes, and cities served):
 |
| 1. **Requested Amount: $**
 |
| 1. **Primary project contact:**

 Name:       Title:       Mailing Address:       City/State/ZIP Code:       Telephone Number:       E-mail Address:       |
| 1. **Signature(s)** (if there are more than two partners, please use a second coversheet)**:**

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:       Organization:       Title:       E-mail Address:      Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:       Organization:       Title:       E-mail Address:        |

# Application Narrative

## What is the Opportunity?

1. Describe the community you intend to serve, including specific geographic area, racial and ethnic demographics, languages spoken, etc.
2. Does your organization serve clients who have experienced violence or identity-based harm? Please describe. (We honor client privacy, so please describe in general terms.)
3. What are your current programs or services for helping the community members who experience harm from violence or identity-based harm?
4. Does your organization currently have a system for disbursing and recording/ reporting cash assistance to clients? Please describe the system currently used.
5. If you will be establishing a new system of disbursement, please describe how this will be managed.

# **Application Budget**

An application budget is not required. The program funds must be expended in the following manner:

* 80% direct cash assistance to clients
* 20% administrative fee to organization

# **Supplemental Materials**

All applicants must submit the following additional information with their completed applications. Supplemental materials will **not** count towards application narrative page limit. **(Please attach all supplemental materials LAST.)**

* IRS determination letter for 501(c)(3) nonprofit organizations or fiscal sponsor.

# **Application Check List**

* One (1) copy of the application cover sheet (signed by representatives of all partner agencies) and narrative in electronic format.
* IRS determination letter for 501(c)(3) nonprofit organization(s) or fiscal sponsor(s).