**AGENCY PROFILE**

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| --- | --- | --- | --- | --- |
| **A. Applicant Information**  Applicant Agency's Name & Grant ID | | | | |
| **B. Project Purpose** (mark only one box)  [ ] Continue Currently Funded VOCA Project  [ ] Continue/expand non-VOCA Project  [ ] Establish new Victim Service Project | | **C. Primary Use of Funds** (mark only one box)  [ ] Expand services to new geographic area(s)  [ ] Offer new types of service(s) [ ] Serve additional victim population(s)  [ ] Continue existing services  [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **D. Type of Agency** (See Funding Announcement)  Category Type | | | **E. Project Staff (FTEs)**  (1.0 FTE = 2,080 hrs per year)  Paid: FTE  Volunteers: FTE | **F. Counties to be Served** |
|  |  | |
| **G. Mark major services to be funded under subgrant**  1. [ ] Crisis Counseling  2. [ ] Follow-up Contact  3. [ ] Therapy  4. [ ] Group Treatment/Support  5. [ ] Crisis Hotline Counseling  6. [ ] Shelter/Safe House  7. [ ] Information & Referral (in-person) | | | (do not change; see VOCA definitions)  8. [ ] Criminal Justice Support/Advocacy  9. [ ] Emergency Financial Assistance  10. [ ] Emergency Legal Advocacy  11. [ ] **Crime Victim Compensation Assistance** (required)  12. [ ] Personal Advocacy  13. [ ] Telephone Contacts (Info & Ref)  14. [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **H. Program income**  [ ] Yes, this project will charge a fee for services in connection with this project. *If yes, Section J of the Agency Profile must be completed.*  [ ] No, this project will not charge a fee for services in connection with this project. | | | | |

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| **I. Program Income Details -** Complete only if VOCA Project will impose a fee or charge in connection with the VOCA Project. Use additional pages as neces­sary. |

1. Complete the following table:

|  |  |
| --- | --- |
|  | Estimated Amount |
| Billings |  |
| Collections |  |
| Expenditures |  |

2. Indicate the specific type and source(s) of the program income, including a descrip­tion of the fees or sliding scale imposed.

3. Is any portion of program income derived from charges or rates that include costs otherwise not eligible for VOCA funding? 🞏  Yes 🞏 No If yes, describe.

4. Approval of VOCA program income requires a written policy statement assuring that services will be provided crime victims without concern for their financial resources or availability of insurance or other third party payor. State the agency's policy in this regard (or attach a copy).

5. Revenues derived from VOCA program income may only be used to expand or enhance direct victim services and are subject to the same restrictions as the VOCA subgrant. Explain how the revenues derived from program income will be used.

6. Program income must be tracked and reported separately. Indicate whether the agency will be able to comply with these require­ments.