

# **New Jersey Grants Program**

## **Application Forms and Instructions**

**State Office of Victim-Witness Advocacy  
Division of Criminal Justice  
Department of Law and Public Safety**

(Revised March 2005 for Web-Site only)

## APPLICATION INSTRUCTIONS

The following instructions apply to applications submitted for subgrants from the State of New Jersey Grants Program administered by the State Office of Victim-Witness Advocacy. If a Notice of Availability of Funds has been published in the *New Jersey Register* for a particular grant program, then the applicant also must meet the requirements contained in that notice.

All applicants must submit one original application and four copies of the application. Applications which are determined to be incomplete will not be considered for funding. Do not place applications in binders.

The program narrative contained in the application package must include the following information:

### **Agency Background, Mission, Experience and Capability**

Describe the agency's overall mission, background and experience as it relates to the purpose and objectives of the proposed project. Explain the agency's understanding and capability to carry out the project based on demonstrated experience in providing services to the target population and in addressing issues of violence against women. Public agencies must cite their statutory authority. Private nonprofit organizations must provide proof of IRS 501(c)(3) status.

**Applicants receiving current funding must provide a project evaluation summary that describes: the strengths; weaknesses; level of service, including the number of unduplicated victims served and the number of hours of service provided by the funded project staff; the outcomes; and the impact of the project.**

### **Problem Statement/Needs Assessment**

Identify the specific problem(s), target population and geographic area that the proposed project will address. Describe local conditions and the needs and characteristics of the target population. Describe existing services and identify gaps and/or barriers in services. Provide supporting documentation, including relevant local facts, statistics, study findings, etc.

### **Goals, Objectives and Methods**

Specify clear, realistic goals for the proposed project. Identify objectives that are concise, measurable and clearly relate to the goals, problem statement and target population. Measurable objectives shall include, but not be limited to, the number of unduplicated victims to be served and the number of hours of service to be provided by the funded staff on the proposed project. Describe the program approach or strategy for attaining each objective. Complete a Project Workplan which includes each objective along with the major activities, responsible staff, and feasible time frames for each objective and activity.

## **Partnership/Collaboration/Coordination of Services**

Collaboration and coordination of services are strongly encouraged in all projects and an affiliation agreement is required for multicultural services projects. Describe the agency's partnership/coalition building strategy and use of volunteers. Define roles, responsibilities, referral mechanisms, and collaboration/ coordination efforts necessary for the successful implementation of the project. At least three current letters of support for the specific project must be included with the application. Form letters or general letters of support are not acceptable.

For multicultural services projects, the partnership must combine the understanding and expertise in addressing the needs and concerns of the targeted ethnic/racial community with the understanding and expertise in serving victims of violence against women. The partnership must include a written affiliation agreement between:

a) existing provider of services to victims; and b) a community organization that serves and/or represents the targeted ethnic/racial population.

*If a Notice of Availability of Funds has been issued for a particular program, refer to the NOAF for specific affiliation agreements.*

## **Project Management and Staff**

Identify project management and key staff and explain how they are uniquely qualified to manage/implement the project. Provide **current** resumes and **current** job descriptions that include the title, responsibilities, education and experience requirements for each position for which the funds or matching funds are requested. State if each position is full-time or part-time, and the number of hours and percentage of time devoted to the project by each position. Indicate if you will use existing staff (by name) or if you will recruit new staff for each funded position.

## **Program Evaluation**

Develop a project evaluation plan which will measure the extent to which stated objectives were achieved and the impact on the victims served. Specify how, when and what type of data will be collected, probable test instruments and persons responsible for conducting the evaluation. Describe how the project will be monitored and evaluated to determine if project objectives are being met and the impact of the project. Client feedback is strongly encouraged. An explanation must be provided if measurement does not include client feedback;

## **Budget Request**

Complete the Budget Request Form. Costs must be itemized and tied to the project objectives. Round dollar amounts when itemizing costs. Applicants should refer to the Program guidelines for a description of budget categories and allowable expenditures and matching requirements. A % match, either cash or in-kind, is required for private nonprofit and public agencies.

List the sources of matching funds and the corresponding budget line item. The applicant must certify that matching funds are available for use. Refer to the **Program Guidelines** for match requirements.

## **Budget Narrative Justification**

Provide detailed narrative justification on each itemized cost including the matching funds and how such costs were calculated and why they are necessary to the project.

## **Sources of Funds**

List all sources of funds related to the proposed project on the Sources of Funds form. Additionally, list all funds received from the State Office of Victim-Witness Advocacy by your agency in the past three years.

## **Required Authorizations and Certifications**

Complete the **Application Authorization** which contains the required certifications: Civil Rights Compliance; Lobbying; Debarment, Suspension, Ineligibility and Voluntary Exclusion of Lower Tier Covered Transactions; and Drug-Free Workplace. The **General Conditions and Assurances, Volunteer Certification and Victims of Crime Compensation Board (VCCB)** require an authorized signature. County and local governmental agencies are required to submit a **Resolution of Participation** and a **Certification of the Recording Officer**.

## APPLICATION OVERVIEW

(use this page as the application cover page)

**Name of Applicant:** \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

**Project Summary (limit 100 words or less):**

<b>Source of Funds</b>	<b>Proposed Budget Request (please complete)</b>	<b>Approved Budget (SOVWA only)</b>
<b>Subgrant Funds</b>	\$	\$
<b>Matching Funds</b>	\$	\$
<b>Total</b>	\$	\$

## **TABLE of CONTENTS**

(Include a completed Table of Contents as page 1 of the application.  
The application must be in the following order. Insert page numbers for each section)

<b>Section</b>	<b>Page Number</b>
Application Overview	Cover Page
Table of Contents	Page
Applicant Information	Page
Agency Background, Mission, Experience and Capability Current Grantee Project Evaluation Summary	Page
Problem Statement/Needs Assessment	Page
Goals, Objectives and Methods	Page
Project Workplan	Page
Partnership/Collaboration/Coordination of Services	Page
Project Management and Staff	Page
Program Evaluation	Page
Budget Request	Page
Training Requests (if applicable)	Page
Budget Narrative Justification	Page
Source of Funds	Page
Required Authorization and Certifications Volunteer and VCCB	Page
Affiliation Agreement (if required)	Page
3 Letters of Support	Page
Job Descriptions	Page
Resumes	Page
Proof of nonprofit - 501c3 status (private nonprofits only)	Page
Resolution of Participation (public agencies only)	Page
Certification of Recording Officer (public agencies only)	Page
Appendices	Page
(brochures, press clips, publications, awards and any other information the agency wishes to provide)	

Grant # \_\_\_\_\_  
Analyst \_\_\_\_\_  
For SOVWA Use Only

**Applicant Information**

Official Name of Applicant Agency: \_\_\_\_\_  
(see Articles of Incorporation)

Type of Agency:    \_\_\_ State    \_\_\_ County    \_\_\_ Municipality    \_\_\_ Nonprofit

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Implementing Agency (if different than applicant) \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

If applicant is a nonprofit agency and is also registered as a charitable organization, please provide Charitable Registration Number: \_\_\_\_\_

Have there been any findings filed against the agency in regard to its charitable status?  
\_\_\_ Yes    \_\_\_ No    If yes, please explain on a separate sheet.

**Name and Title of Chief Executive/Agency Director:** \_\_\_\_\_

\_\_\_\_\_ Street Address, City, State, Zip Code (if different from above)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Name and Title of Project Director:** \_\_\_\_\_

\_\_\_\_\_ Street Address, City, State, Zip Code (if different from above)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Name and Title of Contact Person:** \_\_\_\_\_

\_\_\_\_\_ Street Address, City, State, Zip Code (if different from above)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Name and Title of Chief Financial Officer:** \_\_\_\_\_

\_\_\_\_\_ Street Address, City, State, Zip Code (if different from above)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Name and Title of Fiscal Contact Person:** \_\_\_\_\_

\_\_\_\_\_ Street Address, City, State, Zip Code (if different from above)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## **Agency Background, Mission, Experience and Capability**

(attach additional sheets if necessary)

## **Subgrant Program Evaluation Summary**

**Current or previous subgrantees must provide a Comprehensive summary that describes: the strengths; weaknesses; level of service, including the number of unduplicated victims served and the number of hours of service provided by funded project staff; outcomes; and the impact of the project.**

## **Problem Statement/Needs Assessment**

(attach additional sheets if necessary)

## **Goals, Objectives and Methods**

Project Workplan must follow this section

(attach additional sheets if necessary)

**Project Workplan**

(attach additional sheets if necessary, please follow format below)

**Project Name:** \_\_\_\_\_

<b>Objective</b>	<b>Activity</b>	<b>Projected Start-up and Completion Dates</b>	<b>Person Responsible</b>

## **Partnership/Collaboration/Coordination of Services**

(Use additional pages if necessary)

## **Project Management and Staff**

(Use additional pages if necessary)

## **Program Evaluation**

(attach additional sheets if necessary)

# Budget Request

## PERSONNEL

### SALARIES AND WAGES (list each position separately)\*

Position/Title and Name of Incumbent	% of time on Project	Current Annual Salary or Hourly Rate	Requested Amount		
			Grant Funds	Match	Project Total

\*refer to Program Guidelines for important information

<b>TOTAL SALARIES AND WAGES</b>			
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### FRINGE BENEFITS\*\*

Position/Title and Name of Incumbent	Agency Fringe Rate	Requested Amount		
		Grant Funds	Match	Project Total

\*\*the percentage of the total fringe costs charged to the grant cannot exceed the percentage of total salary/hourly rate charged to the grant

<b>TOTAL FRINGE BENEFITS</b>			
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<b>TOTAL PERSONNEL COSTS</b>			
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**PURCHASE of SERVICES**

**Contracted Services/Counseling/Victim Transportation/Printing**

**Requested Amount**

<b>Service</b>	<b>Provider</b>	<b>Unit Cost/ Hourly Rate</b>	<b>Total Units/ Project Hours</b>	<b>Grant Funds</b>	<b>Match</b>	<b>Project Total</b>

**Please note:** Agencies requesting funds for transportation, parking or meals for victims must submit a copy of the agency's written policy and procedures regarding the disbursement and accounting of these funds and the eligibility criteria

<b>TOTAL PURCHASE OF SERVICES</b>			
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**TRAVEL\***

**Requested Amount**

<b>Purpose</b>	<b># of Miles</b>	<b>Rate per Mile</b>	<b>Other Travel Costs</b>	<b>Meals</b>	<b>Grant Funds</b>	<b>Match</b>	<b>Project Total</b>

\*see Program Guidelines

<b>TOTAL TRAVEL</b>			
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**TRAINING**

**Requested Amount**

Type of Training*	Position/Name	Grant Funds	Match	Project Total

\*\*all training requests to attend outside training should be submitted on the appropriate request form (see Program Guidelines)

<b>TOTAL TRAINING</b>			
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**OUTREACH**

**Requested Amount**

Type of Material (list items individually, attach additional sheets if needed)	Quantity	Unit Cost	Grant Funds	Match	Project Total

<b>TOTAL OUTREACH</b>			
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**SUPPLIES**

**Requested Amount**

Item (list items individually, attach additional sheets if needed)	Quantity	Unit Cost	Grant Funds	Match	Project Total

<b>TOTAL SUPPLIES</b>			
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**EQUIPMENT\*\***

Item or Type Indicate purchase or rental (list items individually, attach additional sheets if needed)	Quantity	Unit Cost	Requested Amount		
			Grant Funds	Match	Project Total

**\*\*All expenditures must be pre-approved**

<b>TOTAL EQUIPMENT</b>			
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**FACILITIES**

	Requested Amount		
	Grant Funds	Match	Project Total
<b>Rent</b> (in budget narrative, indicate square footage and cost per square foot)			
<b>Telephone</b> (specify office or wireless)			
<b>Pager</b> (specify number of pagers and service costs)			
<b>Utilities</b> (in budget narrative, specify utility)			
<b>Other</b> (specify)			

**Please note:** Applicants requesting funds for facilities must list, in the Budget Narrative, the expected total agency/program cost for each requested facility line item and explain how the budget request was calculated.

<b>TOTAL FACILITIES</b>			
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**VICTIM AID\***

Description	Requested Amount		
	Grant Funds	Match	Project Total

**Please note:** Agencies requesting victim aid funds must submit a copy of the agency's written policy and procedures regarding the disbursement and accounting of these funds and the eligibility criteria

<b>TOTAL VICTIM AID</b>			
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# Budget Request Summary

BUDGET CATEGORY	REQUESTED AMOUNT	MATCH	TOTAL PROJECT COST
Personnel Salaries and Wages Fringe Benefits			
Purchase of Services			
Travel			
Training			
Outreach			
Supplies			
Equipment			
Facilities			
Victim Aid			
<b>TOTAL</b>			

Source(s) of Matching Funds:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Budget Category:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## CERTIFICATION

The undersigned certifies that the above sources of matching funds are available for use as a condition of the grant program.

\_\_\_\_\_  
 Signature of the CEO, Freeholder, Mayor,  
 Agency Director or Chief Financial Officer

\_\_\_\_\_  
 Typed Name and Title

Dated: \_\_\_\_\_

**Budget Narrative**

(attach additional sheets if necessary)

**Sources of Funds**

List all sources of funds which support services for victim population(s) targeted in the proposed project. On the bottom of the form, list all funds received from the State Office of Victim-Witness Advocacy in the past three years.

**1. Federal Sources** \$ \_\_\_\_\_

Name(s) of Federal Source	Amount	Date of Last Award
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**2. State Sources** \$ \_\_\_\_\_

Name(s) of State Source	Amount	Date of Last Award
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**3. County Sources** \$ \_\_\_\_\_

**4. Local and Other Sources** \$ \_\_\_\_\_

**TOTAL OF ALL SOURCES OF FUNDS** \$ \_\_\_\_\_

**STATE OFFICE OF VICTIM-WITNESS ADVOCACY FUNDING**

List funding awarded for the past three years:

<u>Date of Award</u>	<u>Grant Program</u>	<u>Project</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

## Application Authorization

The signature below is authorization to submit this application to the New Jersey Department of Law and Public Safety, Division of Criminal Justice, State Office of Victim-Witness Advocacy for the following subgrant project:

\_\_\_\_\_

at an estimated total project cost of \$\_\_\_\_\_.      Subgrant Funds:      \$\_\_\_\_\_  
Match:      \$\_\_\_\_\_

The undersigned agrees upon approval of this project on behalf of the applicant agency to comply with the GENERAL CONDITIONS and ASSURANCES of the grant program.

The undersigned also certifies the following regarding Civil Rights Compliance, Lobbying, Debarment and Suspension, and Drug-Free Workplace.

\_\_\_\_\_  
Signature of the CEO, Freeholder, Mayor or  
Agency Director

\_\_\_\_\_  
Typed Name and Title

Dated:\_\_\_\_\_

### Civil Rights Compliance

An Equal Employment Opportunity Program (Affirmative Action Plan) in accordance with 28 CFR 42.301, et. seq., Subpart E, covering the employment practices of the implementing agency has been executed and is available for review in the office of:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### Lobbying

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, if entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, applicants must certify that:

- a. No federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the making of any federal grant, the entering

into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement;

- b. If any funds other than federal appropriated funds have been paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal grant or cooperative agreement, the applicant shall complete and submit Standard Form - LLL, Disclosure of Lobbying Activities, in accordance with its instructions.

### **Debarment, Suspension, Ineligibility and Voluntary Exclusion of Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension (see instructions on page 20):

- 1) The prospective subgrantee certifies that neither the subgrantee nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a federal department or agency.
- 2) Where the prospective subgrantee is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
- 3) It is further agreed that this certification shall be obtained from any other supplier of goods or services using federal funds in the amount of \$25,000 or more under this project.

### **Drug-Free Workplace**

As required by the Drug-Free Workplace Act of 1988 and regulations promulgated by the federal government, the applicant certifies that it will provide a drug-free workplace by:

- 1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the grantee's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
- 2) Establishing a drug-free awareness program to inform employees about the dangers of drug abuse in the workplace;
- 3) Informing employees about the following:
  - a) the grantee's policy of maintaining a drug-free workplace;
  - b) any available drug counseling, rehabilitation and employee assistance programs; and
  - c) the penalties that may be imposed upon employees for drug abuse violations.

## **Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Lower Tiered Covered Transactions (Sub-Recipient)**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification as stated on the required form.
2. The Certification as stated is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntary excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titles “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

## General Conditions and Assurances

The applicant/subgrantee hereby assures and certifies below compliance with all federal, state and local statutes, regulations, policies, guidelines and requirements that govern the application, acceptance and use of federal funds under this program. The applicant/subgrantee also assures and certifies that:

1. It possesses legal authority to apply for the grant, and if, applicable, that a resolution, motion, or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with provisions of federal law which limit certain political activities of employees of a state, county, or local unit of government whose principal employment is in connection with an activity financed in whole or in part by federal grants (5 USC 1501, et. seq.).
3. It will comply with the minimum wage and maximum hours provision of the Federal Fair Labor Standards Act, if applicable.
4. It will comply with the applicable provisions of Title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, the Juvenile Justice and Delinquency Prevention Act, the Victims of Crime Act or the Violence Against Women Act, as appropriate; the provisions of the current edition of the Office of Justice Programs Financial Guide; and all other applicable federal and state laws, orders, circulars, or regulations.
5. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure; Part 20, Criminal Justice Information Systems; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 23, Criminal Intelligence Systems Operating Policies; Part 30, Intergovernmental Review of Department of Justice Programs and Activities; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and federal laws or regulations applicable to Federal Assistance Programs.
6. It will comply and all its contractors will comply, with the nondiscrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC 3789(d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Justice Nondiscrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G; and Department of Justice regulations on disability discrimination, 28 CFR Part 35 and Part 39.
7. In the event a federal or state court or federal or state administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs.

8. If required to formulate an Equal Employment Opportunity Program (EEO) in accordance with 28 CFR 42.301, et. seq., it will maintain a current one on file. In addition, if the proposed subgrant totals \$500,000 or more, applicant will submit a copy of its EEO to the Office of Civil Rights, Office of Justice Programs.

9. If a unit of government, that federal funds will not be used to supplant state or local funds.

10. Where activities supported by this subgrant produce original books, manuals, films or other copyrightable material, the subgrantee may copyright such, but the Department of Law and Public Safety (L&PS) reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials and authorize others to do so. L&PS also reserves the right to require the subgrantee not to publish, and the subgrantee thereupon shall refrain from publishing, any material whether copyrightable or not, that L&PS shall designate. However, such right shall not be exercised unreasonably. Any publication by the subgrantee shall include, on the title page, a standard disclaimer of responsibility by L&PS for any opinions or conclusions contained therein.

11. It will give the Comptroller General or representative, Office of Justice Programs, and the Division of Criminal Justice, access to and the right to examine all records, books, papers, or documents related to the subgrant.

12. It will comply with applicable federal, state and local audit requirements.

13. It is understood and agreed that persons performing services in connection with a subgrant shall not be considered employees of the State of New Jersey for any purpose, including but not limited to, defense and indemnification for liability claims, workers compensation or unemployment.

14. It will comply with all Special Conditions that may be stipulated or applied to specific subgrants by the Department of Law and Public Safety.

15. It will comply with all requirements imposed by the federal sponsoring agency concerning special requirements of law, program requirements, and other administrative requirements.

16. It will comply with all the requirements contained in the State Office of Victim-Witness Program Guidelines for the specific grant for which the applicant has applied.

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Signature of the CEO, Freeholder, Mayor or  
Agency Director

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Typed Name and Title

Dated: \_\_\_\_\_

# NJ State Office of Victim-Witness Advocacy

## Training Request

(complete separate form for each training)

Agency Name: \_\_\_\_\_

Subgrant #: \_\_\_\_\_

1. Name of Conference/Training and Sponsor:
  
2. Dates and Location of Conference/Training:
  
3. List Staff (By Name and Title) Who Will Attend:
  
4. Provide a brief description of the conference/training and justification for the request. Include justification to attend a conference/training out of the Northeast geographical area, if applicable. Attach a copy of the conference/training brochure.

5. Itemize Conference/Training Costs

<b>Registration</b>	\$ ____ x ____ person	\$
<b>Transportation*</b>	Mode _____ (if traveling by car indicate mileage and reimbursement rate)	\$
<b>Lodging*</b>	\$ ____ x ____ nights	\$
<b>Meals*</b>	\$ ____ x ____ days	\$

*\*Public agencies must follow local government regulations regarding travel/training. Nonprofit agencies must contact the SOVWA for daily State rate information.*

6. Approved by: \_\_\_\_\_  

Print name/title
Signature
Date

**For SOVWA Use Only**

**Approved Project Budget for Travel and Training**

	Current Balance	Budget Revision (+ or -)	Costs to Attend this Training	Ending Balance
<b>Training</b>	\$		\$	\$
<b>Travel</b>	\$		\$	\$

Approved

Not Approved

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_