



**OFFICE OF THE ATTORNEY GENERAL OF GUAM**  
 590 South Marine Corps Drive, Suite 901, Tamuning, Guam 96913-3537

**FORM A**  
**VICTIMS OF CRIME ACT (VOCA) FORMULA GRANT PROGRAM**  
**FY 2019 VICTIM ASSISTANCE APPLICATION**

**A. APPLICATION INFORMATION**

1. Applicant's Name:		
2. Applicant's Mailing Address:		
3. Applicant's Physical Address:		
4. Telephone Number:	5. Facsimile Number:	6. E-mail:

**B. CONTACT PERSON INFORMATION**

1. Name:		
2. Telephone Number:	3. Facsimile Number:	4. E-mail:

**C. ORGANIZATION'S EIN/TIN, DUNS**

EIN/TIN #:	DUNS #:	
Business License #:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tax Exemption Certificate:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**D. STAFFING LEVEL REQUEST**

1. Fiscal Year 2020	2. Fiscal Year 2021	3. Fiscal Year 2022
# of Employees VOCA Funded:	# of Employees VOCA Funded:	# of Employees VOCA Funded:
Has the program received a volunteer waiver?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, indicate the number of volunteer staff that work on this project. #: _____		

**E. ORGANIZATION TYPE**

1. Criminal Justice – Government		
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Prosecution	<input type="checkbox"/> Probation
<input type="checkbox"/> Court	<input type="checkbox"/> Corrections	<input type="checkbox"/> Other (Please specify) _____
2. <input type="checkbox"/> Non-criminal Justice Government	4. <input type="checkbox"/> Private For Profit	
3. <input type="checkbox"/> Private Non-Profit	5. <input type="checkbox"/> Other (Please specify) _____	

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**F. ORGANIZATION'S FINANCIAL SOURCES**

SOURCE	FY 2020	FY 2021	FY 2022
1. VOCA	\$	\$	\$
2. Federal Non-VOCA	\$	\$	\$
3. Government of Guam	\$	\$	\$
4. Other Sources	\$	\$	\$
5. TOTAL (Sum of 1 – 4)	\$ 0.00	\$ 0.00	\$ 0.00

**G. APPLICATION PURPOSE**

1. <input type="checkbox"/> Start a new victim assistance program	3. <input type="checkbox"/> Expand and/or enhance existing program
2. <input type="checkbox"/> Continue VOCA funded program from prior fiscal year	4. <input type="checkbox"/> Other (Please specify):

**H. USE OF PROJECT FUNDS**

1. <input type="checkbox"/> Offer new services	4. <input type="checkbox"/> Serve new or additional target populations
2. <input type="checkbox"/> Continue existing services	5. <input type="checkbox"/> Other (Please specify)
3. <input type="checkbox"/> Expand into new areas	

**I. PRIORITY POPULATIONS**

1. <input type="checkbox"/> Child Abuse	2. <input type="checkbox"/> Domestic Violence	3. <input type="checkbox"/> Sexual Assault
4. Underserved Victims* <i>*Select underserved type below:</i>		
4a. <input type="checkbox"/> Campus Sexual Assault Victims	4b. <input type="checkbox"/> Cyber Crime Victims	4c. <input type="checkbox"/> Elderly Victims
4d. <input type="checkbox"/> LGBTQI Victims	4e. <input type="checkbox"/> Survivors of Homicide Victims	
5. Other (Please specify):		

**J. SERVICES TO BE PROVIDED**

1. <input type="checkbox"/> Crisis Hotline	7. <input type="checkbox"/> Information/Referral
2. <input type="checkbox"/> Crisis Counseling	8. <input type="checkbox"/> Personal Advocacy
3. <input type="checkbox"/> Therapy/Treatment	9. <input type="checkbox"/> Financial Assistance
4. <input type="checkbox"/> Group Support	10. <input type="checkbox"/> Legal Assistance
5. <input type="checkbox"/> Transportation	11. <input type="checkbox"/> Criminal Justice Advocacy
6. <input type="checkbox"/> Shelter/Safe House	12. <input type="checkbox"/> Other (Please specify):