



**NORTH CAROLINA
HUMAN TRAFFICKING
COMMISSION**

**Application Cover Page
NC Human Trafficking Commission: Request for Proposals 2018**

Part I: Organizational Information

Organization Name: <i>(Legal IRS Name)</i>	
Organization AKA Name:	
Organization Physical Address:	
Organization Mailing Address:	
Organization Mission Statement:	
If an NGO, then year organization received 501(c)(3) status:	Year: EIN#: State:
Organization Overview: <i>(200 word limit)</i>	
Executive Director: (Name, title, phone, and email)	
Additional Contact for this project: (Name, title, phone, and email)	
Organization Phone:	
Organization Website:	
Organization Social Media:	
Project / Program Name Applying for Funding:	
HTC Funding Category or Priority this project falls under:	
Amount of funding your agency is requesting from this grant:	

Project / Program Mission: (if different from agency mission)	(Short; no more than three sentences)
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Part II: Detailed Information on Organization

Organizational operating budget:	Current year: _____ Previous year: _____ (*Current year figures are based on board-approved budget forecasts; previous year figures are based on the organization's audited statement of activities or completed 990.)																					
Staff size:	Full-time _____ Part-time _____ Volunteer _____																					
List your agency's other major funding sources, noting whether they are governmental sources, foundations, etc. Also include whether the source is confirmed or pending for current year:	<table border="1"> <thead> <tr> <th>Source</th> <th>Amount</th> <th>Confirmed/Pending</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Totals</td> <td>\$</td> <td></td> </tr> </tbody> </table>	Source	Amount	Confirmed/Pending		\$			\$			\$			\$			\$		Totals	\$	
Source	Amount	Confirmed/Pending																				
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Totals	\$																					
Counties / Geographic location served: (include area affected by this application)																						
Does your agency service any victim of human trafficking and how are potential victims eligible for your services:																						
Number of human trafficking victims / survivors served within your last fiscal year:																						
Please list all licensing numbers, accreditations, and respective agencies.																						

Part III: Detailed Information on Program(s)

Summarize in no more than 150 words how the program is or will be victim-centered and trauma-informed, your agency's commitment to these values, and how your agency is or will be trained on these values.

Summarize in no more than 150 words how the program / organization is transformative. Most competitive applications will demonstrate that the program(s) is embraced by community leadership, is actively engaged in a community-wide coalition and/or a component of the larger community health plan, is influencing systemic policy reform, and the program(s) is being replicated and/or taken to scale. If these elements have not yet occurred, then outline if and how it can be done.

_____ I certify I am the duly authorized officer or representative of the requesting organization and to the best of my knowledge, the information provided in this application is accurate. I understand and agree to provide additional documentation in support of the information provided if requested.

By signing and submitting this Cover Sheet, I confirm my organization's understanding and acceptance of the rules and conditions for application. The information in this Cover Sheet is true to the best of my knowledge.

Agency Authorizing Official

Date

Print Name

Title