

## NC Human Trafficking Commission: Request for Proposals 2022 Section 16.22 Facility Improvements

Cover Sheet	
Organization Name:	
Address or Addresses where the facility improvement funds will be used:	
Is the facility owned, rented, or leased by the organization?	
Organization identifies as:	Domestic Violence Center     Sexual Assault / Rape Crisis Center     Both Domestic Violence and Sexual Assault Center (dual)    Other
Executive Director: (Name, title, phone, and email)	
Additional Contact for this project: (Name, title, phone, and email)	
Organization Website:	
Organization Social Media links:	

Does your agency serve victim-survivors of human	
trafficking? If so, do you serve victim-	
survivors of sex trafficking, labor trafficking or both?	

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.

Signature: Agency Executive Director / CEO	Date
Printed Name	
Signature: Agency Board Chair	Date

Printed Name