

## 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?		
application is accurate. I und information provided if reque	and to the best of my kind to the best of my kind and agree to part of the sted.	y I am the duly authorized officer or representative of nowledge, the information provided in this provide additional documentation in support of the mmy organization's understanding and acceptance
		rmation in this Cover Sheet is true to the best of my
Signature: Agency Executive Director / CEO		Date
Printed Name		
Signature: Agency Board Chair		Date
Printed Name		

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