

**NC Human Trafficking Commission: Request for Proposals 2023**

**Section 16.20 B**

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| **Part I: Organizational Information** | |
| **Organization Name:** *(Legal IRS Name, as registered with the NC Secretary of State)* |  |
| **Organization is also known as:** |  |
| **Administrative Office Physical Address:** |  |
| **Organization Mailing Address:** |  |
| **Address/es where programmatic work contained in this application will take place.** |  |
| **Federal Tax ID Number** |  |
| **Organization’s Fiscal Year End Date:** |  |
| **Organization Mission Statement:** |  |
| **Organization identifies as:** | |  |  | | --- | --- | |  | Domestic Violence Center | |  | Sexual Assault / Rape Crisis Center | |  | Both Domestic Violence Center and Sexual Assault Center (dual) | |  | Child Advocacy Center | |  | Homeless Services / Youth Runaway Center | |  | Human Trafficking specific organization |  |  |  | | --- | --- | | Other |  | |
| **Executive Director:**  **(Name, title, phone, and email)** |  |
| **Additional Contact for this project: (Name, title, phone, and email)** |  |
| **Organization Phone:** |  |
| **Organization Website:** |  |
| **Organization Social Media links:** |  |
| **Owns, rents, or leases the property/s included in this proposal? (Including administrative and programmatic locations) Please note if property space is donated.** |  |
| **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 the completed 990.) |
| **List your agency’s other major funding sources for the same fiscal years, noting whether they are governmental sources, foundations, etc. Also include whether the source is confirmed or pending for current year:** | |  |  |  | | --- | --- | --- | | **Source** | **Amount** | **Confirmed/Pending** | |  | $ |  | |  | $ |  | |  | $ |  | |  | $ |  | |  | $ |  | | **Totals** | **$** |  | |
| **Please select the Section category this proposal falls under:** | |  |  | | --- | --- | |  | Section 16.20(A): 23 named agencies | |  |  | |  | Section 16.20(B): 2 named agencies | |
| **Part II: General Information on the Human Trafficking Program / Project:** | |
| **Project / Program Name applying for funding, if different than the organizational name:** |  |
| **Does your agency currently serve victims of human trafficking? If so, do you serve victim-survivors of sex trafficking, labor trafficking or both? Do you have any specific restrictions for eligibility? (Such as only serving minor victims of sex trafficking)** |  |
| **Please list the types of direct services your program provides to victims of human trafficking. (List only those provided internally, not through referral or MOU to an outside agency)** |  |
| **Number of human trafficking victims / survivors, unduplicated, served in NC within your last fiscal year (in addition, you may also include prior years broken out):** |  |
| **Part III: Proposal Requirements listed in the State Budget Bill:** | |
| 1. **Description of the geographic area the organization serves and the needs of victims of human trafficking in that area:** | |
| 1. **Plan to address the needs of victims, including the goals and objectives of each proposed initiative:** | |
| 1. **The timeline for implementing each proposed initiative to achieve the desired objective and the names of any partners with whom the organization will be working and the role of those prospective partners in the proposed initiative.** | |
| 1. **A list of the specific services each proposed initiative will deliver going forward, which may include case management, client safety, client well-being, and other services, including health, transportation, housing, education, and employment assistance.** | |
| 1. **The anticipated planning and administrative costs for each proposed initiative, sorted by type, including staffing, fixed costs, contracts, and information technology.** | |
| 1. **A description of the organization’s capacity to implement its plan to address the needs of victims, including the organization’s staffing level, systems, partnerships, existing funding, and existing programs.** | |
| 1. **A description of the applicant’s plans and capability to continue each proposed initiative beyond June 30, 2024, if the applicant plans to do so.** | |
| **Part IV: Additional Information Deemed Appropriate by the Commission:** | |
| |  |  | | --- | --- | |  |  | |  | Budget Narrative Template (on provided form) | |  |  | |  | Conflict of Interest Policy (on provided form) | |  |  | |  | Sworn Statement of No Overdue Tax Debt Certification, on agency letterhead | |  |  | |  | North Carolina Substitute W-9 Form (provided) | |  |  | |  | A Completed Vendor Electronic Payment Verification Form (OSC version) | |  | Federal Funding Accountability and Transparency Act (FFATA) provided | |  |  | |  | Copy of agency’sSAMS Registration with UEI Number | |  |  | |  | Copy of 501(c)(3) certification letter | |  |  | |  | Copy state solicitation license for NC | |  |  | |  | Staff roster, include name, title, job description, and city of primary residence | |  |  | |  | Board of Directors roster, with officers noted, and city of primary residence | |  |  | |  | Policy for checking background and credentials of employees and volunteers | |  |  | |  | Organization’s confidentiality policy that protects victim-survivor’s personal | |  | information from being released to external parties without express permission, unless required by law | |  |  | | |

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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.

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