



**NORTH CAROLINA  
HUMAN TRAFFICKING  
COMMISSION**

**NC Human Trafficking Commission: Request for Proposals 2023  
Section 16.21**

Part I: Organizational Information	
<b>Organization Name:</b> <i>(Legal IRS Name, as registered with the NC Secretary of State)</i>	
<b>Organization is also known as:</b>	
<b>Administrative Office Physical Address:</b>	
<b>Organization Mailing Address:</b>	
<b>Address/es where programmatic work contained in this application will take place.</b>	
<b>Federal Tax ID Number</b>	
<b>SAM UEI Number</b>	
<b>Organization's Fiscal Year End Date:</b>	
<b>Organization Mission Statement:</b>	
<b>Organization identifies as:</b>	<input type="checkbox"/> Domestic Violence Center <input type="checkbox"/> Sexual Assault / Rape Crisis Center <input type="checkbox"/> Both Domestic Violence Center and Sexual Assault Center (dual) <input type="checkbox"/> Child Advocacy Center <input type="checkbox"/> Homeless Services / Youth Runaway Center <input type="checkbox"/> Human Trafficking specific organization  Other _____
<b>Executive Director:</b> <b>(Name, title, phone, and email)</b>	

<b>Additional Contact for this project: (Name, title, phone, and email)</b>																						
<b>Persons authorized to sign documents: (Name, title)</b>																						
<b>Organization Phone:</b>																						
<b>Organization Website:</b>																						
<b>Organization Social Media links:</b>																						
<b>Owns, rents, or leases the property/s included in this proposal? (Including administrative and programmatic locations) Please note if property space is donated.</b>																						
<b>Organizational operating budget:</b>	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.)																					
<b>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:</b>	<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></td> <td>\$</td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td></td> </tr> <tr> <td><b>Totals</b></td> <td>\$</td> <td></td> </tr> </tbody> </table>	Source	Amount	Confirmed/Pending		\$			\$			\$			\$			\$		<b>Totals</b>	\$	
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<b>Part II: General Information on the Human Trafficking Program / Project:</b>																						
<b>Project / Program Name applying for funding, if different than the organizational name:</b>																						
<b>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)</b>																						

<p><b>Check direct services your program currently provides to victims of human trafficking and/or list additional direct services currently provided to victims of human trafficking (List only those provided internally, not those offered through referral or MOU to an outside agency)</b></p>	<p>___ 24-Hour Hotline (staffed by live trained responders who are available to link people with crisis / support services or information related to human trafficking)</p> <p>___ Crisis Response (A service in which the organization responds 24/7 to direct requests for assistance related to potential human trafficking situations such as being prepared and available to coordinate or support a persons exit from a trafficking situation, assesses emerging safety concerns and provides appropriate response in a timely manner, evaluation of immediate needs)</p> <p>___ Case Management (Refers to survivor-centered, goal oriented process for assessing the need of an individual for services and making plans to obtain those services. Can be comprehensive or service-specific and either short or long term)</p> <p>___ Survivor Peer Support (A survivor peer support/mentoring program provides personal support, mentoring, advocacy and education to other victims/survivors)</p> <p>___ Shelter and Housing (Provide safe and appropriate places to live, programs may be structured as emergency shelter, other emergency options such as a hotel, gymnasium, or other temporary setting, transitional and residential housing and permanent housing programs defined as ready to move into independent living where survivor becomes a sublessee or original lease is in survivors name)</p> <p>___ Other: _____</p> <p>___ Other: _____</p> <p>___ Other: _____</p> <p>___ Other: _____</p> <p>___ Other: _____</p>
<p><b>Number of human trafficking victims / survivors, unduplicated, served in NC within your current fiscal year (in addition, you may also include prior years broken out):</b></p>	
<p><b>Part III: Proposal Requirements listed in the State Budget Bill:</b></p>	
<p><b>1. Description of the geographic area the organization serves and the needs of victims of human trafficking in that area:</b></p>	

<p>2. How is what you are proposing with these funds related to enhancing services to victims of human trafficking including the goals and objectives of each proposed initiative:</p>
<p>3. The timeline for implementing each proposed initiative to achieve the desired objective:</p>
<p>4. Names of any partners with whom the organization will be working with and the role of those prospective partners in the proposed initiative (Attach MOUs or letters of support if available).</p>
<p>5. A list of the specific services each proposed initiative will deliver, which may include case management, client safety, client well-being, and other services, including health, transportation, housing, education, and employment assistance.</p>
<p>6. The anticipated planning and administrative costs for each proposed initiative, sorted by type, including staffing, fixed costs, contracts, and information technology.</p>
<p>7. 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.</p>
<p>8. A description of the applicant's plans and capability to continue each proposed initiative beyond the grant, if the applicant plans to do so.</p>

#### Part IV: Additional Information Deemed Appropriate by the Commission:

- \_\_\_\_ Budget Expenditure (on provided form)
- \_\_\_\_ Copy of agency's SAMS Registration with UEI Number
- \_\_\_\_ 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)
- \_\_\_\_ Vendor Electronic Payment Verification Form with (provided)
- \_\_\_\_ Federal Funding Accountability and Transparency Act (FFATA) Certification
- \_\_\_\_ Proof of Non-Profit Status (see RFP for examples)
- \_\_\_\_ Staff roster, include name, title, job description, and city of primary residence
- \_\_\_\_ Board of Directors member profile roster on agency letterhead
- \_\_\_\_ 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.
- \_\_\_\_ Internal Controls Questionnaire
- \_\_\_\_ Standards Self-Assessment

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

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Date

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Printed Name

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Title

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Signature: Agency Board Chair

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Date

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Printed Name

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Title