**Human Trafficking Victims’ Fund Application**

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| Agency Information | |
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| Agency Name |  |
| Agency Type | Law enforcement  Prosecutorial  Victim Services  Office of the Attorney General  Cabinet for Health  and Family Services |
| Mailing Address |  |
| Phone Number |  |
| Email |  |

|  |  |
| --- | --- |
| Primary Contact Information | |
|  | |
| Contact Name |  |
| Title |  |
| Email Address |  |
| Direct Phone Number |  |

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| --- | --- |
| Funding Information | |
|  | |
| Total Amount Requested |  |
| Other Funding Sources Available |  |
| Other Funding Sources to be Used |  |

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| Program Type | |
|  | |
| Program Type | Prevention of human trafficking  Education  Training  Public outreach programs about human trafficking  Human trafficking investigations |
| Area of Service | Counties/Areas served |

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| Program Summary |

Describe how funding will be used. Please include the goals of the activity, a timeline, and any deliverables. For prevention programs, please include documentation to support evidence-based materials that demonstrate the efficacy of the program or materials.

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| Budget |

Please include a detailed budget for your activities detailing how funds will be used, other funding that will be used, and the total cost of the program.

**Signature of Authorized Representative**

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Name Title

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Signature Date