**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 |       |

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

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

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| Program Type |
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| 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