

**2004 NATIONAL CRIME VICTIMS' RIGHTS WEEK
(NCVRW)**

**April 18-24, 2004
Community Awareness Projects**



**Fax to NCVRW Committee at (202) 514-6383 or (202) 305-2440
by December 5, 2003.**

NCVRW PROPOSAL APPLICATION

Full Name of Applicant _____

Organization _____

Mailing Address _____

City _____

State _____

ZIP _____

Telephone Number () _____

FAX Number () _____

E-Mail _____

PROPOSAL COMPONENTS

ORGANIZATION'S MISSION STATEMENT:

BACKGROUND INFORMATION ABOUT THE ORGANIZATION/COALITION:

DESCRIPTION OF PLANNED NCVRW ACTIVITIES AND INTENDED USE OF FUNDS:

If you require additional space, attach additional pages.

DESCRIPTION OF COMMUNITY COLLABORATION, CO-SPONSORS, AND DOCUMENTATION OF FINANCIAL COMMITMENTS FROM OTHER SOURCES FOR PROPOSED NCVRW ACTIVITIES:

STATEMENT OF NEED:

BUDGET:

If you require additional space, attach additional pages.

**Fax Completed Form to OVC: (202) 514-6383
(202) 305-2440**

CERTIFICATION

The organization's authorized representative must sign below; otherwise the application will not be accepted for consideration.

Applicant's Name (PRINTED)

Signature of Applicant

Date

Title

