

ADDITIONAL PROGRAM INFORMATION

1) Applicant Type _____ Non-profit, 501(c)3 _____ Local Government

If non-profit, are you a faith-based organization? _____ Yes, _____ No

2) Check below the services provided by your program. Indicate which of these services will be provided through this funding.

Currently Provided? Yes or No	To Be Funded with VDSS Funds	Services Related to Domestic Violence	If service is currently provided: Statistics for Fiscal Year 2010	
		24 Hour Crisis Hotline Service		# of calls
		Shelter (Residential)		# of people/nights
		Shelter (Arranged)		# of people/nights
		Crisis Intervention		# served (advocacy)
		Safety Planning		# served (advocacy)
		Survivor Support Groups		# groups
		Information and Referral	n/a	
		Emergency Transportation	n/a	
		Coordination of Services	n/a	
		Counseling/Support		# served
		Court Accompaniment		# served
		Children's Services		# served
		Children's Support Groups		# of groups
		Volunteer Program		# of active volunteers
		Systems Advocacy	n/a	
		Community Education & Public Awareness		# of presentations
		Other		

List any other domestic violence services in the spaces above

Localities Served

List all localities currently served by your program. Indicate which localities will be served on this project.

Served by Applicant Agency	To Be Served on this Project? Yes/No
1.	
2.	
3.	
4.	
5.	
6.	

Total Program Revenue			
SOURCE	2009-2010 (ACTUAL)	2010-2011 (PROJECTED)	COMMENTS
State Grants:			
Other			
Federal Grants			
Other			
Pass Through Funds			
Local Government Support			
Other Funding:			
Fundraising			
Other Revenues / Specify			
Total Revenue			
	\$	\$	