

Livingston County Grant Opportunity Form

Department Applying &
Department Contact Info: Prosecutors Office - Victim Department

Today's Date: 02/19/2025

Employee preparing application: Janice Carpenter
Phone Number: 540-7791

Employee who will
manage program
(if different): _____
Phone Number: _____

Name of Grant Applying for: National Crime Victims Rights Week - Community Awareness Project Subgrant

Awarding Agency Name: National Association of VOCA (Victims of Crime Act) Assistance Administrators

Please check appropriate line:

☒ Federal
☐ State
☐ Other

Federal Assistance Listing Number: 16.582

Select one:

New Grant: ☒ Recurring Grant: ☐
First Year Received

Short Description of the scope of the grant:

Grant award will be used for National Crime Victims Rights Week, April 6th - 12th, 2025 to bring community awareness to Livingston County. It is our hope to have an award ceremony honoring survivors of some of our most heinous crimes that have occurred in Livingston County, with a 1-mile walk being incorporated with those in attendance. These victims in speaking bravely will be honored by members of our community ie: police, judges, churches, and the public. T-shirts recognizing National Crime Victims Rights Week will be purchased, lunch will be provided at the ceremony, several other promotional items will be purchased and distributed throughout the county to bring awareness to the event.

Start Date of Grant: 02/08/2025 End Date of Grant: 06/27/2025

Full Amount applying for:

Annual (Year 1 Total): \$ 4,940.00
Multi-Year Total: _____
(All years combined)

Match Requirements (if applicable):

Cash Match Requirement: _____
In-Kind Match Requirement: _____

This grant is intended to fund the following (check all that apply and note the amount):

<input type="checkbox"/> Personnel	\$ _____
<input type="checkbox"/> Equipment	\$ _____
<input checked="" type="checkbox"/> Supplies	\$ <u>4,940.00</u>
<input type="checkbox"/> Contractual Services	\$ _____
<input type="checkbox"/> Capital Building/Equipment	\$ _____
<input type="checkbox"/> Other (please note below)	\$ _____

Signature of Applicant Department Head: _____

Date: 2-19-25

Fiscal Services Signature: _____

Date: 2/19/2025