



**Victims of Human Trafficking and Commercial Sexual Exploitation Fund
Application 2024**

- Shelter
- Non-Shelter

SECTION 1:

Applicant Agency Information

Legal Name:

DBA (if applicable):

Mailing Address:

Physical Address (to be kept confidential):

Telephone:

Website:

Applicant Agency Leadership Information

Name:

Title/Position:

Mailing Address:

Telephone:

Email:

Program Director Contact Information

Contact Name:

Title/Position:

Mailing Address:

Telephone:

Email:

Financial Director Contact Information

Contact Name:

Title/Position:

Mailing Address:

Telephone:

Email:

SECTION 2: Eligibility Requirements

Eligibility Requirements for **Shelters**: Please indicate “Yes” or “No” for each of the following statements about the applicant agency:

- | Y | N | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Incorporated in the state of Mississippi or recognized by the Mississippi Secretary of State as a private or public nonprofit corporation operating within the state of Mississippi. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide shelter on a twenty-four (24) hours a day, seven (7) days a week basis. |
| <input type="checkbox"/> | <input type="checkbox"/> | Maintain a twenty-four (24) hours a day, seven (7) days a week crisis line to provide counseling, emergency response or suicide watch. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide temporary housing and food facilities. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide referral services to existing services in the community and procedures to follow up on the outcome of the referrals, including, but not limited to, referrals for medical care, legal assistance and alcohol and drug treatment. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide information regarding reeducation, trauma-informed therapy, job counseling, and training programs, workforce training, housing referrals and other available social services. |
| <input type="checkbox"/> | <input type="checkbox"/> | Employ a Mississippi licensed therapist available on a twenty-four (24) hours a day basis. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide victim-centered, trauma-informed and culturally and linguistically appropriate care. |
| <input type="checkbox"/> | <input type="checkbox"/> | Utilize evidence-based interventions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Agree to provide the Victims of Human Trafficking and Commercial Sexual Exploitation Fund Committee with a copy of your annual audit prior to funding and annually during the funding period. |
| <input type="checkbox"/> | <input type="checkbox"/> | Perform background checks and maintain copies of such for each employee and volunteer on an annual basis. |

- | Y | N | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Ensure adequate safety and security for staff and clients. |
| <input type="checkbox"/> | <input type="checkbox"/> | Require mandatory training for staff and volunteers. |
| <input type="checkbox"/> | <input type="checkbox"/> | Adhere to ethical and professional standards. |
| <input type="checkbox"/> | <input type="checkbox"/> | Require employees and volunteers to maintain confidentiality of any information that would identify individuals served by the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | Collaborate with other nongovernmental and governmental agencies. |
| <input type="checkbox"/> | <input type="checkbox"/> | Maintain any required licensure and certification of staff and facility as required by the Department of Mental Health, the Department of Health, the Department of Child Protection Services or any other regulatory body of the State of Mississippi. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have established procedures for twenty-four (24) hours a day, seven (7) days a week admission of victims of human trafficking or commercial sexual exploitation who may seek admission to the shelter on a voluntary basis. |
| <input type="checkbox"/> | <input type="checkbox"/> | Certify that the provider receives local funds in an amount not less than fifteen percent (15%) of the requested award, which may include in-kind contributions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Certify that the provider does not discriminate in its provision of services on the basis of race, religion, color, age, disability, marital status, national origin or ancestry per Miss. Code Ann. §97-3-54.12(2). |
| <input type="checkbox"/> | <input type="checkbox"/> | Have a Board of Directors and/or an advisory committee that represents the racial, ethnic and socio-economic diversity of the area to be served, including, if possible, at least one (1) person who is or has been a victim of human trafficking and/or commercial sexual exploitation |

Eligibility Requirements for **Non-Shelter Providers**: Please indicate “Yes” or “No” for each of the following statements about the applicant agency:

- | Y | N | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Incorporated in the state of Mississippi or recognized by the Mississippi Secretary of State as a private or public nonprofit corporation operating within the state of Mississippi. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide referral services to existing services in the community and procedure to follow up on the outcome of the referrals, including, but not limited to, referrals for medical care, legal assistance and alcohol and drug treatment. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide information regarding reeducation, trauma-informed therapy, job counseling, and training programs, workforce training, housing referrals and other available social services. |

- | Y | N | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Provide victim-centered, trauma-informed and culturally and linguistically appropriate care. |
| <input type="checkbox"/> | <input type="checkbox"/> | Utilize evidence-based interventions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Agree to provide the Victims of Human Trafficking and Commercial Sexual Exploitation Fund Committee with a copy of your annual audit prior to funding and annually during the funding period. |
| <input type="checkbox"/> | <input type="checkbox"/> | Perform background checks and maintain copies of such for each employee and volunteer on an annual basis. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ensure adequate safety and security for staff and clients. |
| <input type="checkbox"/> | <input type="checkbox"/> | Require mandatory training for staff and volunteers. |
| <input type="checkbox"/> | <input type="checkbox"/> | Adhere to ethical and professional standards. |
| <input type="checkbox"/> | <input type="checkbox"/> | Require employees and volunteers to maintain confidentiality of any information that would identify individuals served by the provider. |
| <input type="checkbox"/> | <input type="checkbox"/> | Collaborate with other nongovernmental and governmental agencies. |
| <input type="checkbox"/> | <input type="checkbox"/> | Maintain any required licensure and certification of staff and facility as required by the Department of Mental Health, the Department of Health, the Department of Child Protection Services or any other regulatory body of the State of Mississippi. |
| <input type="checkbox"/> | <input type="checkbox"/> | Certify that the provider receives local funds in an amount not less than fifteen percent (15%) of the requested award, which may include in-kind contributions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Certify that the provider does not discriminate in its provision of services on the basis of race, religion, color, age, disability, marital status, national origin or ancestry per Miss. Code Ann. §97-3-54.12(2). |
| <input type="checkbox"/> | <input type="checkbox"/> | Have a Board of Directors and/or an advisory committee that represents the racial, ethnic and socio-economic diversity of the area to be served, including, if possible, at least one (1) person who is or has been a victim of human trafficking and/or commercial sexual exploitation. |

SECTION 3: Funding Amount Requested

Amount requested for this application:

SECTION 4: Proposal Narrative

Attach a description of the specific objectives of the proposed program for which the Agency seeks funding. Your response may not exceed 15 pages and must include the following information regarding the population that the proposed program will serve:

- 1) Identify the nature and scope of the problem the proposed program/project will address. Cite sources of any data provided.
- 2) Identify the type of trafficking to be addressed (sex trafficking, labor trafficking or both).
- 3) Identify the age group to be served (under 18, over 18 or both).
- 4) Identify the geographic area the project will serve by County.
- 5) Identify the number of victims expected to be served with the requested award.
- 6) Describe any previous attempts by the applicant to address the problem.
- 7) Describe any current programs of the applicant which address the problem.
- 8) Demonstrate sustained victim services that correlate with the requested funding.
- 9) Clearly state the goals and objectives of the proposed program/project.
- 10) Provide a detailed description of proposed actions required to complete the program/project.
- 11) Identify specific services which will be provided to victims through the proposed program/project.
- 12) Provide a detailed description of victim service training provided to staff and volunteers.
- 13) Identify any program/project partners, if applicable.
- 14) Specifically describe how the program/project will utilize trauma-informed and evidence-based practices when serving victims.
- 15) Provide proof that the applicant will protect the safety and confidentiality of any and all victims served by the applicant as required per Miss. Code Ann. § 93-21-125.
- 16) Describe how the applicant will support victim-informed decisions and autonomy while providing services to victims.
- 17) Demonstrate institutional experience and expertise to implement the proposed program/project effectively.
- 18) Describe the specific roles and responsibilities of all staff who will be involved in the proposed program/project.
- 19) Demonstrate that staff has the appropriate training to carry out all of the duties proposed for the program/project (i.e. Curriculum Vitae, resumes, etc.)

- 20) Provide a plan for collection of performance measure data.
- 21) Submit copies of any and all Memoranda of Understanding with proposed partners for the program/project, if applicable.

SECTION 5: Attachments

Please attach the following documents:

- 1) Completed Litigation Disclosure and Audit Finding Disclosure Form (provided by AGO)
- 2) Copy of Agency Anti-Discrimination Policy
- 3) Proposal Narrative
- 4) Budget Narrative and Worksheet
- 5) Overall Agency budget and sources of income
- 6) Most recent annual audit – Note: an annual audit will be required to be provided to the Fund Committee each year of funding.
- 7) Policy and Procedures Manual to include: a detailed description of your accounting system, handling of bank statements, disbursements and procurement and property control policy.
- 8) Conflict of Interest policy
- 9) Client confidentiality policy as provided in Miss. Code Ann. § 93-21-125
- 10) 501(c)(3) documentation
- 11) List of Agency's Board of Directors
- 12) Copy of Agency Mission Statement
- 13) Letters of Support – at least one (1) letter and no more than three (3)

All applications and required attachments should be emailed to:
HumanTraffickingFund@ago.ms.gov by **5:00 p.m. on December 13, 2024**. Any applications received after the deadline will not be accepted.