



Victims of Human Trafficking and Commercial Sexual Exploitation Fund Application 2025

(Check one) ☐ 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: _____

Applicant Background Information

Is this Application for continuation of an existing program, for a new program/project, or both?

☐ Continuation ☐ New Program/Project ☐ Both

Is this Applicant a previous grant recipient? ☐ Yes ☐ No

If so, list the years this applicant received funding and how much was received.

If the Applicant has received previous funds, please indicate whether all of those funds have been spent. If there are remaining funds, please indicate what those funds are to be used for and when the Applicant anticipates the funds will be spent.

Human Trafficking Victims Served (18 years of age or older, under 18 years of age, or both):

If serving adults, does the Applicant serve Men, Women or Both? _____

Area(s)/County(s) Served: _____

Years of Service to Human Trafficking Victims: _____

Type(s) of Human Trafficking Victims served:

_____ Commercial sex _____ Labor _____ Both

Number of Human Trafficking Victims served by organization last year: _____

Number of Human Trafficking Victims projected to serve this year: _____

SECTION 2: Provider Requirements

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

Y	N	
___	___	Provide shelter on a twenty-four (24) hours a day, seven (7) days a week basis
___	___	Maintain twenty-four (24) hours a day, seven (7) days a week crisis line to provide counseling, emergency response, or suicide watch
___	___	Provide temporary housing and food facilities
___	___	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
___	___	Employ or contract with a Mississippi licensed therapist available on a twenty-four (24) hours a day basis
___	___	Provide victim-centered, trauma-informed, and culturally and linguistically appropriate care
___	___	Utilize evidence-based interventions
___	___	Collaborate with other nongovernmental and governmental agencies
___	___	Provide referrals 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

Y	N	
—	—	Provide information regarding reeducation, trauma-informed therapy, job counseling, and training programs, workforce training, housing referrals, and other available social services
—	—	Perform background checks and maintain copies of such for each employee and volunteer on an annual basis
—	—	Ensure adequate safety and security for staff and clients
—	—	Require mandatory victim service training for staff and volunteers
—	—	Adhere to ethical and professional standards
—	—	Require employees and volunteers to maintain confidentiality of any information that would identify individuals served by the shelter in accordance with Miss. Code. Ann. § 93-21-125
—	—	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
—	—	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 in accordance with Miss. Code Ann. § 97-3-54.12(2)
—	—	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
—	—	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, in accordance with Miss. Code Ann. § 97-3-54.12(3)

Requirements for **Non-Shelter** Providers: Please indicate “Yes” or “No” for each of the following questions

Y	N	
—	—	Provide victim-centered, trauma-informed, and culturally and linguistically appropriate care
—	—	Utilize evidence-based interventions
—	—	Collaborate with other nongovernmental and governmental agencies
—	—	Provide referrals 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

Y	N	
—	—	Provide information regarding reeducation, trauma-informed therapy, job counseling and training programs, workforce training, housing referrals, and other available social services
—	—	Perform background checks and maintain copies of such for each employee and volunteer on an annual basis
—	—	Ensure adequate safety and security for staff and clients
—	—	Require mandatory victim service training for staff and volunteers
—	—	Adhere to ethical and professional standards
—	—	Require employees and volunteers to maintain confidentiality of any information that would identify individuals served by the provider in accordance with Miss. Code. Ann. § 93-21-125
—	—	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
—	—	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 in accordance with Miss. Code Ann. § 97-3-54.12(2)
—	—	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
—	—	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, in accordance with Miss. Code Ann. § 97-3-54.12(3)

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 10 pages and must include the following information regarding the population that the proposed program will serve:

1. Describe the nature and scope of the specific human trafficking problem that the proposed program/project will address. Cite sources of any data provided.
2. Describe the proposed program/project to address the specified problem.
3. State clearly the goals and objectives of the program/project, including how the geographic area served will be impacted as a whole and the number of victims expected to be served by the program/project.

4. Describe, in detail, the proposed actions required to complete any of the program/project.
5. Describe specific services that will be provided to victims through the program/project.
6. Describe specifically how the applicant will utilize trauma-informed and evidence-based practices when serving human trafficking victims.
7. Describe how the applicant will support victim-informed decisions and autonomy while providing services to human trafficking victims through the program/project.
8. Demonstrate institutional experience and expertise to implement the proposed program/project effectively.
9. Describe any history of providing specialized services for victims of human trafficking.
10. Demonstrate sustained victim services for human trafficking victims that correlate with the requested funding.
11. Distinguish human trafficking services from other services evidenced by specialized programming, designated spaces/staff, policies, and/or publicized services.
12. Describe the specific roles and responsibilities of all staff and volunteers who will be involved in the proposed program/project.
13. Describe, in detail, the trauma-informed, victim service training provided to staff and volunteers in order to demonstrate that staff and volunteers have the appropriate training to carry out all of the duties necessary for the program/project (Please attach Curriculum Vitae, resumes, etc. These attachments do not count against the 10-page maximum for the Proposal Narrative.)
14. Identify any program/project partners, if applicable.
15. Provide a plan for collection of performance measure data including, if available, any pre-existing performance measure data.

SECTION 5: Proposed Budget Narrative and Sustainability Plan

1. Provide a 12-month proposed budget that only contains items that are supported by the proposal narrative and clearly demonstrates the link between the specific program/project and the proposed budget items.
2. Demonstrate shared costs (i.e. cost of computers spread across different programs and different grants).
3. Describe how the applicant will continue services to human trafficking victims without additional state funding.

SECTION 6: Attachments

Please attach the following documents:

1. Proposal Narrative
2. Proposed Budget Narrative and Sustainability Plan
3. Overall Agency budget and sources of income, including the required receipt of local funds in an amount not less than fifteen percent (15%). If the local contribution includes in-kind contributions, demonstrate so accordingly.
4. Most recent annual audit
5. Policy and Procedures Manual to include: a detailed description of your accounting system, handling of bank statements, disbursements, and procurement and property control policy
6. Conflict of Interest policy

7. Client confidentiality policy as required per Miss. Code Ann. § 93-21-125
8. Copy of Agency Anti-Discrimination Policy per Miss. Code Ann. § 97-3-54.12(2)
9. Policies and Procedures demonstrating that the provider does not require victims to take certain actions (e.g. report to law enforcement or achieve sobriety) to be eligible for or to receive services
10. List of Agency's Board of Directors
11. Copy of Agency Mission Statement
12. Letters of Support – at least one (1) letter and no more than three (3)
13. 501(c)(3) documentation
14. Proof of incorporation 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
15. Completed Litigation and Audit Finding Disclosure Form (provided by AGO)
16. Copies of any and all Memoranda of Understanding with proposed partners for the program/project, if applicable.

All applications and required attachments should be emailed to HumanTraffickingFund@ago.ms.gov by **5:00 p.m. on August 28, 2025**. Any applications received after the deadline will not be accepted.