

Certification of Consultation and Coordination

To ensure collaboration within communities, **all applicants** must describe ways in which they meaningfully consult and collaborate with other service providers, non-profit, non-governmental and governmental, within the course of the development of their application and throughout the project period. *(MDT/CCR meetings are not considered planning meetings.)*

Partnering Agency: _____

Name of Contact: _____ Title: _____

Phone: _____ E-mail: _____

Partnering Agency: _____

Name of Contact: _____ Title: _____

Phone: _____ E-mail: _____

Partnering Agency: _____

Name of Contact: _____ Title: _____

Phone: _____ E-mail: _____

Partnering Agency: _____

Name of Contact: _____ Title: _____

Phone: _____ E-mail: _____

Applicant and partnering agencies are required to meet before the grant application is submitted in order to determine a plan for victim services coordination. Please list the dates and content of the planning meetings.

Describe how your agencies will coordinate efforts to strengthen victim services within your community during this project period with this *for this particular grant program*. Specifically describe any policies or processes that are employed, or that will be employed, for successful and meaningful collaboration. Include an estimate of how many cases/victims/referrals will be shared between your agencies during this project period. The efforts outlined below should expand upon the Statement of Problem, Need & Collaboration narrative provided in question 3 of the “Application” tab of your grant application.

We certify that our agencies/organizations have consulted during the course of developing the grant application in order to ensure that proposed activities are designed to promote the safety, confidentiality and economic independence of victims.

Partnering Agency Official: _____

Title: _____

Signature: _____ Date: _____

Partnering Agency Official: _____

Title: _____

Signature: _____ Date: _____

Partnering Agency Official: _____

Title: _____

Signature: _____ Date: _____

Partnering Agency Official: _____

Title: _____

Signature: _____ Date: _____