

Abby Honold Program Summary Data Sheet

The Summary Data Sheet must be completed and submitted as an attachment with your application under the Additional Application Components section in JustGrants.

1. Provide the following information for the grant point-of-contact. This person must be an employee of the applicant. **Name, title, address, telephone number, and email address.**
2. Is the applicant (the organization whose unique entity identifier is being used for the application) serving as a fiscal agent? A fiscal agent is an entity that does not participate in implementation of the project and passes all funds through to subrecipients, conducting minimal administrative activities. The fiscal agent must be an eligible applicant for the program. **(Yes or No. If yes, list all subrecipients.)**

Note: A fiscal agent applicant must include a statement acknowledging that it will be responsible for all applicable statutory, fiscal, and programmatic requirements, including those of 2 C.F.R. Part 200, as well as all project deliverables.

3. Has the applicant expended \$1,000,000 or more in federal funds in the applicant's past fiscal year? **(Yes or No. If yes, specify the end date of the applicant's fiscal year.)**
4. Does the application substantively address any of the following priorities:
 - A. Combatting human trafficking and transnational crime, particularly crimes linked to illegal immigration, transnational criminal organizations, and cartel operations, including projects that strengthen law enforcement investigation and prosecution while supporting safety and justice for trafficking victims who have also suffered domestic/dating violence, sexual assault, and/or stalking. **(Yes or No)**
 - B. Projects primarily dedicated to direct victim services and/or criminal justice responses—including investigation, arrest, prosecution, and enforcement of protective orders—particularly in small towns and rural, remote, and Tribal communities. **(Yes or No)**
 - C. Proposals submitted by states or units of local government that certify that they comply with federal immigration law, including 8 U.S.C. § 1373 and/or participate in the U.S. Immigration and Customs Enforcement's [287\(g\) Program](#). **(Yes or No)**
5. Provide the name of the victim service provider listed as a mandatory project partner on the MOU.