

NCVAN Homicide Victim Services Application 2015 - 2017

AGENCY INFORMATION	VICTIM INFORMATION																
Contact Name:	Deceased Victim(s) Names(s):																
Agency:	County:																
Address: City: State:	Offender(s) Name(s):																
Phone:	Case/Docket Number:																
Fax:	Crime:																
Email:	Type of Court Proceeding (Plea or Trial) (Please check with Project Director if jury selection may be attended)																
RECIPIENT INFORMATION																	
Name(s):	<input type="checkbox"/> By checking this box, I verify the recipient(s) is not a witness in the case.																
Address: City: State:																	
Phone: Email Address:																	
Relationship to Victim:																	
Please give a brief description of the recipients needs/circumstances:																	
TRAVEL INFORMATION																	
Expected Date of Court Proceeding:																	
Expected Length of Court Proceeding:																	
Approximate Date/Month of Court Proceeding:																	
(Check all that apply)																	
<input type="checkbox"/> Recipient will need lodging <input type="checkbox"/> Recipient will need meal reimbursement (receipt supported NOT general per diem) <input type="checkbox"/> Recipient will use rental car <input type="checkbox"/> Recipient will use personal car <input type="checkbox"/> Recipient will be traveling by air																	
<p>The following outlines the maximum number of loved ones and types of reimbursements permitted under this grant. All original itemized receipts must accompany reimbursement form(s) when submitted.</p> <ul style="list-style-type: none"> ❖ A maximum of three (3) qualifying loved ones are eligible (one application per person). ❖ Air Travel will be permitted when round-trip distance to the courthouse is at least 400 miles. A maximum of \$500.00 per ticket. <table style="width: 100%; border: none;"> <tr> <td style="width: 35%;"><u>Reimbursements for:</u></td> <td style="width: 15%;"><u>Meal Rates Per Day:</u></td> <td style="width: 15%;"><u>In State</u></td> <td style="width: 15%;"><u>Out- of- State</u></td> </tr> <tr> <td>Personal Car Use: .51 cents per mile</td> <td>Breakfast</td> <td>\$8.20</td> <td>\$8.20</td> </tr> <tr> <td>Lodging per Day: \$65.90 In-State + tax</td> <td>Lunch</td> <td>\$10.70</td> <td>\$10.70</td> </tr> <tr> <td style="padding-left: 40px;">\$77.90 Out-of-State + tax</td> <td>Dinner</td> <td>\$18.40</td> <td>\$20.90</td> </tr> </table> <p style="text-align: center;">*Gratuity is not reimbursable. Alcohol is not reimbursable.</p>		<u>Reimbursements for:</u>	<u>Meal Rates Per Day:</u>	<u>In State</u>	<u>Out- of- State</u>	Personal Car Use: .51 cents per mile	Breakfast	\$8.20	\$8.20	Lodging per Day: \$65.90 In-State + tax	Lunch	\$10.70	\$10.70	\$77.90 Out-of-State + tax	Dinner	\$18.40	\$20.90
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Return Completed Application Form To:
NORTH CAROLINA VICTIM ASSISTANCE NETWORK
 P.O. Box 32173 Raleigh, NC 27622
 Phone: 919/831-2857 / FAX: 919/831-0824