

1. Type of Organization: *Select all that apply.*

Type of Organization

- Anti-trafficking organization

- Business/for-profit organization
- Coalition/Multidisciplinary Team/Task Force
- Federal government
- Faith-based organization
- State/Local Government
- Nonprofit/community-based organization
- Survivor led organization
- Tribal government
- Union/worker advocacy organization
- Victim service provider

Professional Capacity and Types of Services

- Behavioral health professional (psychologist, psychiatrist, mental health/substance use counselor)
- Child welfare (state agency staff; child welfare contractor; non-profit personnel)
- Corrections Based Services
- Criminal justice (e.g., law enforcement, prosecutor, probation, court)
- Educator (teacher, professor, school administrator)
- Health care (physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)
- Housing (case worker, shelter director, public housing authority agencies)
- Legal (civil and/or rights-based attorney and/or paralegal, clinic)
- Public health (health department staff, health care executive, community health workers)
- Social worker (case manager, school counselor, supervisor, administrator)
- Survivor Empowerment and Mentoring
- Other (Specify): _____

2. Does your organization/agency provide services to human trafficking survivors and/or populations at risk of trafficking throughout your state (for statewide conferences) or on a nationwide scale (for national conferences)?

3. Has your organization received support via NHTTAC in the past 12 months? ___ Yes ___ No
(If yes, please select what type of support)

___ Short Term Training and Technical Assistance

___ Specialized Training and Technical Assistance

___Other - please explain: _____

Section B: Event Information

In this section, provide information about the event you are planning.

4. Event Title:
5. Date(s):
6. Location (Facility Name, City, State):
7. Event Website:
8. Expected number of attendees:
9. Intended audience: *Select all that apply.*
 - Behavioral health professionals (psychologists, psychiatrists, mental health/substance use counselors)
 - Child welfare (state agency staff; child welfare contractors; non-profit personnel)
 - Corrections Based Services
 - Criminal justice (e.g., law enforcement, prosecutors, probation, court)
 - Educators (teachers, professors, school administrators)
 - Health care (physicians, physician assistants, nurse practitioners, dentist, nurses, pharmacists)
 - Housing (case workers, shelter directors, public housing authority agencies)
 - Legal (civil and/or rights-based attorney and/or paralegal, clinic)
 - Public health (health department staff, health care executive, community health workers)
 - Social worker (case manager, school counselor, supervisor, administrator)
 - Survivors of human trafficking
 - Victim service providers
 - Other (Specify): _____
10. Please attach the draft agenda and any other promotional materials when submitting this form. The following information should be included for each session or activity:
 - Date
 - Time (example: 1:00 p.m. to 3:00 p.m.)
 - Title & Description

Section C: Scholarship Administration Information

In this section, provide information about your organization's past experience with managing scholarship programs.

11. Please describe your organization's prior experience managing a scholarship program. Include the following information for no more than the last two scholarship programs administered:
 - The associated event names and dates
 - Total funds administered
 - Items the scholarships covered
 - Number of scholarships awarded
 - Source of funding
 - The process used to administer scholarships

12. Please provide the scholarship application your organization will use to determine scholarship award for this event. The application must include the following information:
 - Recipients must have at least 1 year of volunteer or professional experience in working with human trafficking survivors and/or populations at risk of human trafficking.
 - The threshold your organization is using for determining that a recipient demonstrates financial need.
 - Recipients must explain how they plan to implement the skills and knowledge acquired as a result of attending the conference in their ongoing work with human trafficking survivors and/or populations at risk of human trafficking.

Section D: Budget Information

This section provides information regarding the allowable expenses your organization can request. Please complete the recipient budget and organization budget forms.

The Organizational Scholarship is administered by NHTTAC as a reimbursement to your organization. Your organization must first pay for approved expenses for survivor scholarship awardees; then, NHTTAC will reimburse your organization upon receipt of itemized receipts **Employees of the requesting organization are not eligible to receive scholarship support.**

Allowable expenses include transportation and lodging. Applicants are eligible to receive up to \$500 per individual recipient for transportation expenses (such as airfare, train, or bus fare), and lodging expenses (Up to the federal government rate in that area, for current rates, please visit www.gsa.gov), up to a total of \$1,000. Organizations are encouraged to use the least costly mode of transportation to and from the event. Rental car services are not reimbursable under any circumstances. Lodging is not covered by the scholarship if the recipient lives within 50 miles of the event.

Please Note: Organizational scholarship approval is not guaranteed and it is advised that you do not make any financial commitment until you receive confirmation from NHTTAC.

Please include the breakdown under the line item column and the total expense for each line item for which you are requesting OTIP support.

| Requested Scholarship Budget | |
|---|-------|
| Line Item | Total |
| <p>Lodging Example: \$133.00 (Fed Gov. rate) + \$19.95 (15% tax) x 5 individuals (number of scholarship awardees x 1 (number of nights requested per individual awardee) = \$764.75</p> <p>Calculation: \$ _____ (Fed Gov. rate) + _____ (15% tax) x _____ (total number of scholarship recipients x _____ (total number of nights requested per scholarship recipient) = \$ _____</p> | |
| <p>Travel Example: \$250.00 (estimated airfare) x 3 (number of recipients) = \$750.00</p> <p>Calculation: \$ _____ (estimated airfare) x _____ (total number of recipients) = \$ _____</p> | |
| Total Request: | |

| Applying Organization's Budget | |
|---|-------|
| Line Item | Total |
| Organization's current total operating budget. | |
| Of the total operating budget, how much is allocated to supporting this conference? | |
| List conference co-sponsors (if applicable) and amount they are contributing. | |
| | |
| | |
| | |

Section E: Pre-Conference Requirements

These action items must be completed and documentation returned to NHTTAC within 14 days of the notice of the award for you to receive reimbursement for the approved scholarship expenses.

- Identify NHTTAC as a conference cosponsor on all conference promotional materials and electronic announcements. (NHTTAC logo will be provided in award notification.)
- Include **NHTTAC-provided language** on all conference promotional materials and electronic announcements. (Language will be provided in award notification.)
- Provide list of scholarship recipients 1 week prior to the event date to NHTTAC.

Section F: Post-Conference Requirements

The following forms will be included in an award e-mail upon approval. They must be completed and documentation returned to NHTTAC within 30 days of the event for you to receive reimbursement for your expenses.

- **Recipient Reimbursement Expense Voucher**

Your organization must first reimburse scholarship awardees; then, NHTTAC will reimburse your organization upon demonstration of payment to individuals. The request for reimbursement must include documentation for all individual scholarship awardees. **Original itemized receipts are required for all expenses for which you are seeking reimbursement.**

Section G: Scholarship Concurrence

This ensures that the information provided in Sections A to D, to the best of your knowledge, is accurate.

I certify that:

- (1) my organization is unable to completely underwrite professional development scholarships for human trafficking survivors wishing to attend our conference;
- (2) the scholarship recipients must be survivors of human trafficking with at least 1 year of volunteer service experience to other survivors and/or at risk populations;
- (3) my organization has the experience and capacity to administer a scholarship program;
- (4) any support obtained via the Organizational Scholarships for Survivor Professional Development Program will not be used to replace funding previously allocated to support scholarships for conference attendees;
- (5) my organization will reimburse survivor awardees. Upon proof of reimbursement, NHTTAC will then reimburse my organization;
- (6) funding for scholarships will not be used in any manner to support the expenses of our organization's staff/contractor labor, travel, lodging, per diem, etc., before, during, or after the conference;
- (7) this conference is verifiably nationwide or statewide in scope and audience;
- (8) my organization will act in accordance with the Organizational Scholarships for Survivor Professional Development Program guidelines, terms, and conditions, will perform all actions requested in this application, and will not take any actions that go beyond the scope of this program; and
- (9) information provided in this application is accurate and verifiable.

I understand and agree that any false information, misrepresentation, or willful or negligent failure to disclose any information pertinent to this application or my organization will constitute sufficient grounds for the removal of my application from consideration, the return of funding by my organization to National Human Trafficking Training and Technical Assistance Center if funding has been granted, and/or disqualification of my organization from future scholarship opportunities.

Signature of Organization's Chief Executive

Date

Name of Organization

Phone Number

E-mail Address

Please email the completed application to info@nhttac.org with the subject line stating, "Organizational Scholarship Application for Survivor Professional Development."

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