

NCVAN 2021-2023 Homicide Victim Services Application

AGENCY INFORMATION		VICTIM INFORMATION			
Contact Name:		Deceased Vicfim(s) Names(s):			
Agency:		County/District			
Address:	City:	State:	Defendant's name:		
Phone:		Case/Docket Number:			
Fax:		Crime:			
Email:		Type of Hearing (Please check with Project Director if jury selection is attended)			
RECIPIENT INFORMATION					
Name: <input type="checkbox"/> By checking this box, I verify the recipient 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:			
<p>Please check all that apply.</p> <p><input type="checkbox"/> Recipient will need lodging</p> <p><input type="checkbox"/> Recipient will need meal reimbursement (itemized receipts required for meals; not a flat per diem rate)</p> <p><input type="checkbox"/> Recipient will use rental car</p> <p><input type="checkbox"/> Recipient will use personal car</p> <p><input type="checkbox"/> Recipient will be traveling by air</p>					
<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> <p>A maximum of three (3) qualifying loved ones are eligible (one application per person). Air Travel will be permitted with a round-trip maximum of \$500.00 per ticket.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Reimbursements for:</p> <p>Personal Car Use: .55 cents per mile</p> <p>Lodging per Day: \$67.30 + tax</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Meal* Rates Per Day:</p> <p>Breakfast \$8.00</p> <p>Lunch \$10.10</p> <p>Dinner \$17.30</p> </td> </tr> </table> <p>*Must submit itemized receipts for meals. Gratuity is not reimbursable. Alcohol is not reimbursable.</p>				<p>Reimbursements for:</p> <p>Personal Car Use: .55 cents per mile</p> <p>Lodging per Day: \$67.30 + tax</p>	<p>Meal* Rates Per Day:</p> <p>Breakfast \$8.00</p> <p>Lunch \$10.10</p> <p>Dinner \$17.30</p>
<p>Reimbursements for:</p> <p>Personal Car Use: .55 cents per mile</p> <p>Lodging per Day: \$67.30 + tax</p>	<p>Meal* Rates Per Day:</p> <p>Breakfast \$8.00</p> <p>Lunch \$10.10</p> <p>Dinner \$17.30</p>				



Return Completed Application Form(s) To:

North Carolina Victim Assistance Network
P.O. Box 32173 Raleigh, NC 27622
email: admin@nc-van.org
Phone: 919-831-2857 ext. 104 | FAX: 919-831-0824