



Commonwealth of the Northern Mariana Islands
CRIMINAL JUSTICE PLANNING AGENCY



STOP VIOLENCE AGAINST WOMEN FORMULA GRANT PROGRAM

CERTIFICATE OF COLLABORATION

To be completed by applicant agency:

Applicant Agency: _____

In satisfaction of the requirements under this grant program, this agency certifies that it has consulted with a local victim services program during the course of developing this proposal in order to ensure that our proposed activities and/or equipment acquisitions are designed to promote the safety, confidentiality, and economic independence of victims of domestic violence, sexual assault, stalking, and dating violence.

Please provide a brief description of the consultation with and/or collaborative relationship established between the applicant and the local victim services organization identified below:

Date

Authorized Signature of Applicant Agency

*To be completed by local victim services organization. The individual signing this section **may not be from the applicant agency.***

As a designated representative of _____,
a recognized local victim services organization, I certify that the above is an accurate description of the consultation with and/or collaborative relationship established between my agency and the applicant agency identified above.

Name of Organization: _____

Name & Title of Signing Authority: _____

Signature: _____

Date: _____