

**2011 NATIONAL CRIME VICTIMS' RIGHTS WEEK**  
**Community Awareness Projects**

**AFTER-ACTION/REIMBURSEMENT REQUEST**

*Must be submitted no later than June 30, 2011*

SECTION 1: ORGANIZATIONAL INFORMATION					
Full Name of Lead Applicant Organization					Subgrant No.
Mailing Address					FEIN/TIN
	City:		State:		Zip:
Name of Person to whom check should be mailed.	First:		Last:		
Name of Agency to which check should be made out, if different than above.					
Mailing Address for check, if different than above.					
Name of Person Completing Report	First:		Last:		
Tel:			Email:		

SECTION 2: PROJECT DESCRIPTION	
a. Date(s) of funded activities:	
b. Provide a brief narrative description of the approved project and supported activities. (300 words)	

**c. Provide an explanation why any planned activities were not implemented. (100 words)**

**d. List major cosponsors that contributed directly to the project and identify each one's contribution.**

Organization	Contribution

### SECTION 3: PUBLIC AWARENESS ACTIVITIES/MATERIALS

**a. Enter the date(s) for each type of activity or event supported (in whole or in part) with grant funds.**

Type of Event	Date(s)
Candlelight Vigil	
Conference/Forum	
Information/Resource Fair	
March/Run/Walk	
Recognition/Awards Ceremony	
Other:	
Other:	
Other:	

**b. Identify each speaker paid with grant funds, date(s), speaker fee and associated speaker travel costs. Enter total in Section 5. Reimbursement Request.**

Speaker Name/ID	Date(s)	Speaker Fee	Travel Costs	Total
Enter total speaker costs here and in Section 5. Reimbursement Request				

c. Printed items	Number Produced	Number Distributed	d. Public Service Announcements (paid and/or free)	Number Produced	Number Times Run
Brochures, pamphlets, booklets			Radio		
Leaflets, flyers			Television		
Posters			Newspaper		
T-shirts			Movie Theatres		
Pens, pencils			<b>e. Other Media Used</b>	<b>Number</b>	
Pins, ribbons, buttons			Billboards/Bus Signs		
Other:			Street Banners		
Other:			Other:		
Other:			Other:		
Other:			Other:		
Other:			Other:		
<b>f. No. of web sites</b>			<b>g. No. of media interviews given</b>		
<b>h. No. of press releases issued</b>			<b>i. No. of other media contacts</b>		
<b>j. Describe any other activities or materials developed for and used in the project. (150 words)</b>					

SECTION 4: IMPACT
<b>To the extent available, provide measures or indicators of the project's reach (e.g. number of people attending an event) and any discernible results or the impact of the project (150 words)</b>

### SECTION 5: REIMBURSEMENT REQUEST

	Itemize each expenditure item (Include total speaker costs from Section 3b)	Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
	<b>TOTAL REQUEST</b> (not to exceed subgrant agreement):	

**Use this space for any needed explanations or calculations. (150 words)**

**Be certain to submit documentation that the project was implemented, such as press releases, news articles, or photographs of project materials, events and activities.  
DO NOT SEND ACTUAL SAMPLES OF NON-PAPER OR OVERSIZED ITEMS.  
DOCUMENTATION MUST NOT EXCEED TEN (10) PAGES.**

**Describe items documenting implementation and how the documentation is being submitted. (150 words)**

**Please provide your comments and feedback on the NCVRW Community Awareness Project, the NCVRW Resource Guide, the NCVRW Theme DVD, and suggestions to improve the program. (150 words)**

#### **CERTIFICATION**

I certify that the information contained in this After-Action Report/Reimbursement Request is true, accurate and complete.

Printed Name of Authorized Representative

Title

Date

Signature of Authorized Representative

☐ **Electronic Signature** – In accordance with federal law, in lieu of a handwritten signature, by marking this box with an "X", the Authorized Representative certifies this document to be true, accurate and complete to the same degree as a handwritten signature.