

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:
Please check all that apply.	
<input type="checkbox"/> Recipient will need lodging <input type="checkbox"/> Recipient will need meal reimbursement (itemized receipts required for meals; not a flat per diem rate) <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	

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.

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>Reimbursements for:</p> <p>Personal Car Use: .55 cents per mile Lodging per Day: \$67.30 + tax</p>	<p>Meal* Rates Per Day:</p> <p>Breakfast \$8.00 Lunch \$10.10 Dinner \$17.30</p>
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*Must submit itemized receipts for meals. Gratuity is not reimbursable. Alcohol is not reimbursable.



Return Completed Reimbursement 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