




[Home](#) [National Crime Victims' Rights Week](#) [Ceremony](#) [FAQs](#)

## FOR NOMINATORS ONLY

Begin the nomination process by entering the following information

### ABOUT YOU

\*Required fields are marked with asterisks.

<b>First Name*</b>	<b>Middle Name</b>	<b>Last Name*</b>
<input type="text" value="Jane"/>	<input type="text"/>	<input type="text" value="Doe"/>
<b>Title/Position*</b>	<b>Organization*</b>	
<input type="text" value="Your Title"/>	<input type="text" value="Your Organization"/>	
<b>Mailing Address 1*</b>	<b>Mailing Address 2</b>	
<input type="text" value="123 Main Street"/>	<input type="text"/>	
<b>City*</b>	<b>State*</b>	
<input type="text" value="Nowhere"/>	<input style="text-align: right; border-bottom: none; border-right: none; border-left: none; border-top: none;" type="text" value="MASSACHUSETTS"/> 	
<b>ZIP Code* (00000 or 00000-0000)</b>		
<input type="text" value="00000"/>		
<b>Telephone Number* (000-000-0000)</b>	<b>Fax Number (000-000-0000)</b>	
<input type="text" value="000-000-0000"/>	<input type="text"/>	
<b>Cell Phone Number (000-000-0000)</b>		
<input type="text"/>		
<b>E-Mail*</b>	<a href="#">Why we need this information about you.</a>	
<input type="text" value="ncvrv2012@hotmail.com"/>		

Type of award

- |   |  |
|---|--|
| <input type="radio"/> Allied Professional Award                 | <input type="radio"/> Survivor Voices Award    |
| <input type="radio"/> Building Knowledge Through Research Award | <input type="radio"/> Tomorrow's Leaders Award |
| <input type="radio"/> National Crime Victim Service Award       |  |

## ABOUT YOUR NOMINEE

Is this a group nomination?  No  Yes

*Please note that only one plaque will be presented per award nomination at the awards ceremony, regardless of the number of individuals accepting on behalf of an organization or program.*

*The Team Lead is the Point of Contact for the group nomination and may be required to supply additional contact information for the members of the group. Additionally, the Team Lead will be the group's representative at the Awards Ceremony and will receive the plaque on behalf of the group.*

First Name\*

John

Middle Name

Last Name\*

Doe

Phone (000-000-0000)\*

000-000-0000

Cell Phone (000-000-0000)

E-mail Address\*

ncvrw2012@hotmail.com

Abstract of nominee's accomplishments\*

[View a sample abstract](#)

In 100 words or less, please summarize the nominee's accomplishments and your reason for nominating this individual, program, or organization.

Each nomination must be accompanied by an abstract (100 words or less) that outlines the nominee's accomplishments and your reason for nominating this individual, program, team, or organization. The abstract should describe why the person or persons you are nominating should receive this award, what they have accomplished that sets them apart from colleagues in their field, and how their accomplishments benefit the community. Also include details as to the significance of the support materials that you include in the nomination package. If you, the nominator, are affiliated with an organization, your nomination letter should be submitted on official stationery with your signature and position or title. No Anonymous nominations.

Relationship to Nominee(s)

Do you have familial or financial relationship to the nominee?\*  Yes  No

If yes, you are required to describe your relationship to the nominee(s) in the field below.

## Supporting documentation

You may provide supplemental information relevant to the nominee's contributions by attaching documents to this online form. Examples of supporting documentation include—

- ★ Newspaper articles
- ★ Résumés
- ★ Letters of support

### Attached File(s)

File Name	
<a href="#">Sample Nomination Form.pdf</a>	<a href="#">Delete</a>

Select a file to Upload:

**NOTE:** There is a **5 MB** size limit per attachment. Following file types can be attached: PDF, DOC, DOCX, XLS, HTM(L), GIF, JPG, TXT, RTF

**Did you attach your [Nomination Letter](#)?**\*

To the best of my knowledge, all of the information contained in this application is true and correct. (By checking this box, you are signing the nomination form and attesting to its accuracy to the best of your knowledge.)

Changes cannot be made online once the "Submit Form" button is selected. If you have any questions, or would like to make any updates to the submitted data, please contact OVC at [ncvrwards@ncjrs.gov](mailto:ncvrwards@ncjrs.gov).



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**\*Required fields are marked with asterisks.**

## FOR NOMINEES ONLY



Congratulations! You have been nominated by Jane Doe to receive a national award: National Crime Victim Service Award in crime victims' services. [More about the awards >>](#)

To move the nomination forward to the review process, you will need to provide additional information. Please review the information about you that your nominator provided and complete the rest of the application by **8/8/2017**.

Review the following information

### ABOUT YOUR NOMINATOR

Name: Jane Doe

Title: Your Title

Organization: Your Organization

Address: Nowhere, 123 Main Street

MA, 00000 Phone: 000-000-0000

Cell Phone:

Fax:

Email: ncvrw2012@hotmail.com

### ABSTRACT

Each nomination must be accompanied by an abstract (100 words or less) that outlines the nominee's accomplishments and your reason for nominating this individual, program, team, or organization. The abstract should describe why the person or persons you are nominating should receive this award, what they have accomplished that sets them apart from colleagues in their field, and how their accomplishments benefit the community. Also include details as to the significance of the support materials that you include in the nomination package. If you, the nominator, are affiliated with an organization, your nomination letter should be submitted on official stationary with your signature and position or title. No Anonymous nominations.

### SUPPLEMENTARY INFORMATION

Click on the link below to download and view the attachment(s). To upload additional supplementary information, scroll down to "Voluntary nominee demographic data" and select file(s) to upload.

Attached File(s) by Nominator:

File Name

Continue the nomination process by entering the following information

**\*Required fields are marked with asterisks.**

<b>First Name*</b>	<b>Middle Name</b>	<b>Last Name*</b>
<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Doe"/>
<b>Name for Award Plaque*</b>		★ A group will receive only one plaque.
<input type="text" value="John Doe"/>		
<b>Nominee's Title*</b>	<b>Nominee's Organization*</b>	
<input type="text" value="Your Title"/>	<input type="text" value="Your Organization"/>	
<b>Mailing Address 1*</b>	<b>Mailing Address 2</b>	
<input type="text" value="123 Main St."/>	<input type="text"/>	
<b>City*</b>	<b>State*</b>	
<input type="text" value="Nowhere"/>	<input style="border: none; border-bottom: 1px solid black; text-decoration: none; padding: 2px 5px; display: inline-block; width: 100%;" type="text" value="MASSACHUSETTS"/>	
<b>ZIP Code* (00000 or 00000-0000)</b>		
<input type="text" value="00000"/>		
<b>Telephone Number* (000-000-0000)</b>	<b>Fax Number (000-000-0000)</b>	
<input type="text" value="000-000-0000"/>	<input type="text"/>	
<b>Cell Phone Number* (000-000-0000)</b>		
<input type="text"/>		
<b>E-Mail*</b>		
<input type="text" value="ncvrw2012@hotmail.com"/>		

The Office for Victims of Crime (OVC) takes your [privacy and security](#) concerns seriously and ensures that your personal information is protected. If you have any questions or comments regarding OVC's privacy and security policies, please contact us at AskOVC, 1-800-851-3420 (TTY 301-240-6310).

**Voluntary nominee demographic data**

Male  Female

**Racial/Ethnic Background**

- |   |                                 |
|---|---------------------------------|
| <input type="radio"/> African American              | <input type="radio"/> Caucasian |
| <input type="radio"/> American Indian/Alaska Native | <input type="radio"/> Hispanic  |
| <input type="radio"/> Asian and Pacific Islander    | <input type="radio"/> Other     |

Other: Please specify

**Attach File(s):**

File Name	
<a href="#">NominationForm.pdf</a>	<a href="#">Delete</a>

Select a file to Upload:

Attach File

**NOTE:** There is a **5 MB** size limit per attachment. Following file types can be attached: PDF, DOC, DOCX, XLS, HTM(L), GIF, JPG, TXT, RTF

Terms of award

### Terms of Award

If this nomination is chosen for consideration—

Award recipient's travel expenses will be reimbursed within Federal Government guidelines.

- ★ The Office for Victims of Crime (OVC), a component of the Office of Justice Programs, U.S. Department of Justice, is authorized to contact the nominee for his or her date of birth and Social Security number in order to initiate a Federal Bureau of Investigation (FBI) name check. This information is needed to provide enough identifying data to allow a search of FBI records and federal, state, and local law enforcement civil and criminal records. The results of the name check are used to assist OVC in making a determination of suitability or eligibility to receive a National Crime Victims' Service Award. Furnishing this information is voluntary; however, if a nominee chooses not to provide it, the refusal may result in a determination of ineligibility to receive a National Crime Victims' Service Award. To participate on stage in the awards ceremony, individual award recipients, members of a group award recipient, and accompanying officials must provide the same information for a name check upon request.

I acknowledge that I read and understood the above Term of Award.\*

If chosen for an award, the nominee agrees to—

- ★ Participate in all National Crime Victims' Service Awards Ceremony events taking place in Washington, D.C. The award recipients' travel expenses will be reimbursed within Federal Government guidelines. For group nominations, expenses will be reimbursed for a maximum of two nominees.

I acknowledge that I read and understood the above Term of Award.\*

- ★ The general use by the media and posting to Federal Government component Web sites of their photographic portraits or pictures, digital images, videotapes, other media material, and sound recordings. The media will be invited to participate in all events associated with National Crime Victims' Rights Week.

I acknowledge that I read and understood the above Term of Award.\*

- ★ The public dissemination of their biographical information, including award-related personal and/or professional stories.

I acknowledge that I read and understood the above Term of Award.\*

To the best of my knowledge, all of the information contained in this application is true and correct. (By checking this box, you are signing the nomination form and attesting to its accuracy to the best of your knowledge.)\*

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Unsigned nomination forms will not be considered.

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Changes cannot be made online once the "Submit Form" button is selected. If you have any questions, or would like to make any updates to the submitted data, please contact OVC at [ncvrwawards@ncjrs.gov](mailto:ncvrwawards@ncjrs.gov).

# State of New Jersey



Month 00, 2012

Office for Victims of Crime Resource Center  
P.O. Box 0000  
City, State 00000-0000

Dear Sir or Madam:

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Sincerely,

John Smith  
Governor, State of New Jersey



## Weather

**Today:** Thunderstorms.

High 84. Low 73

**Monday:** Thunderstorms.

High 86. Low 71.

Details, **C10**

131ST YEAR NO. 214

# The Chronicled News

\$1.50

SUNDAY, AUGUST 16, 2012

## Elder Abuse on the Rise

### How two local women are fighting back

By JANE SMITH

*The Chronicle News Staff Writer*

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## Elder Abuse on the Rise

### How two local women are fighting back

By John Smith  
THE PAPER

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