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Applicant Statement of Understanding

Compliance with Advocate-Victim Privilege, Confidentiality, and Privacy Requirements

This form must be renewed every two years to be eligible to receive state and federal grant funding from the Oregon Department of Justice, Crime Victim and Survivor Services Division and the Oregon Department of Human Services.

Applicant Name:

As the authorized representative of the Applicant, I hereby acknowledge that the Applicant is a "Qualified Victim Services Program" as defined in ORS147.600 and ORS 40.264 and is in compliance with the Advocate-Victim Privilege, Confidentiality, and Privacy Requirements in the ODOJ CVSSD and ODHS Request for Applications for the 2025-2027 Joint Non-Competitive Grant Funds, as applicable. I acknowledge that the Applicant has on file a written and signed form, *Individual Statement of Understanding for Employees and Volunteers - Compliance with Advocate-Victim Privilege, Confidentiality and Privacy Requirements*, for each employee and volunteer, including members of the board of directors or governing body, if any.

I confirm that each employee and volunteer who has access to client information has completed the required training to make them a "Certified Advocate" according to ORS 40.264 and that they have demonstrated appropriate knowledge, skills and capacity to respond to survivors of domestic violence, sexual assault, dating violence and stalking.

I understand that if I have any questions about the material presented and my responsibilities as an Applicant that I will contact my ODOJ CVSSD and ODHS Fund Coordinators.

Applicant Requirements	**Yes**	**No**
1. Internal program policy concerning advocate-victim privilege, confidentiality, and privacy complies with grant requirements.	☐	☐
2. The form titled "*Individual Statement of Understanding for Employees and Volunteers - Compliance with Advocate-Victim Privilege, Confidentiality, and Privacy Requirements*" is signed and on file for each employee and volunteer, including members of the board of directors or governing body, if any.	☐	☐

If any box is checked "no", ODOJ CVSSD and ODHS will impose conditions for completion prior to an award of 2025-2027 Joint Non-Competitive Funds.

Signature *(of the authorized official)*	
Printed Name	
Date	

Print, sign and upload this form to the corresponding application page for 2025-2027 Joint Non-Competitive Grant Funds in CVSSD E-Grants.