Intent for Consultation Agreement
Related to Iowa’s STOP Violence Against Women Funds

____________________________________ agrees that they have consulted with the local victim service program during the course of developing their Iowa Violence Against Women Formula application and budget to ensure that the proposed project and activities are designed to promote the safety, confidentiality, and economic independence of victim.

I further understand as a representative of the above agency that without the continued coordination and collaboration with the local victim service program, our agency will not be eligible for continued funding.

Name of Law Enforcement, Prosecution, or Court Program/Agency

____________________________________
Signature of Agency Representative    Title    Date

____________________________________
Local Victim Service Agency Name

____________________________________
Signature of Victim Service Representative    Title    Date