

# **Appendix D**

Supplementary  
Grant Goals and Objectives Form

<b>Victims of Crime Act Victim Assistance Grant Program Application</b>	<b>Supplementary Goals and Objectives Form</b>
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Goal Number: \_\_\_\_\_

Objective Number: \_\_\_\_\_

Outcome:

Outcome Tool

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

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Objective Number: \_\_\_\_\_

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