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# HUMAN TRAFFICKING PROJECT TRACKING FORM

**NAME** (individual or affiliate): \_\_\_\_\_

If affiliate: Number of members involved in project: \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_ NCCW \_\_\_\_\_ CD of A \_\_\_\_\_ KPCLA

**PARISH/DIOCESE:** \_\_\_\_\_

**TIME PERIOD COVERED BY THIS REPORT:** \_\_\_\_\_

**Please share how you have assisted:** \_\_\_\_\_

**EDUCATION:** Speakers at meetings, sharing resources on fighting HT at meetings, etc.

**MENTORING:** Hours spent mentoring + any other pertinent information you would like to share:

**PROVISION OF ITEMS TO HOMES FOR HT SURVIVORS:** Please note type of item, # donated, where donated and approx. value (Example: 4 gas cards \$20 each donated to XYZ Home in ABC, CT):

**ADVOCACY EFFORTS MADE:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

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Thank you and bless you for your participation in this important project  
to affirm and ensure the dignity of all persons.

*Please return this form to:*

NCCW Office -HT Project  
200 N Glebe Road  
Arlington, VA 22203

Or via e-mail to: [nccw01@nccw.org](mailto:nccw01@nccw.org)

