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| SUB GRANT NO. |  |
|  |  |
| 1. APPLICANT

(Municipality/County) |  |
| 1. PHYSICAL ADDRESS
 |  |
| 1. MAILING ADDRESS
 |  |
| 1. CITY/STATE
 |  | 4a. ZIP CODE |  |
| 1. FEDERAL IDENTIFICATION # (EMPLOYER IDENTIFICATION NUMBER)
 |  | 1. DUNS NUMBER #
 |  |
| 1. SAM.gov REGISTRATION CURRENT? (YES/NO)
 |  | 7a. SAMs EXPIRATION DATE |  |
| 1. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? (YES/NO)
 |  |
| 1. AUTHORIZED OFFICIAL (NAME/TITLE)/PHONE/EMAIL *(Authorized Official: Mayor or County Judge)*
 |  |
| Email:  |
| 1. TITLE OF PROJECT
 |  |
| 1. AMOUNT OF FUNDS REQUESTED
 | **$** |
| 1. PROPOSED USE OF FUNDS
 |  |
| 1. WOULD THE FEDERAL FUNDS BEING REQUESTED REPLACE PRIOR LOCAL OR STATE SUPPORT FOR THIS PROJECT? (YES/NO)
 |  |
| 13a. IF YES, EXPLAIN: |  |
| 1. W-9 PREVIOUSLY SUBMITTED? (YES/NO)
 |  | 14a. VOIDED CHECK PREVIOUSLY SUBMITTED? (YES/NO) |  |
| 1. CONTACT PERSON

(NAME/TITLE) |  |
| 1. EMAIL ADDRESS
 |  |
| 1. OFFICE PHONE
 |  | 17a. ALTERNATE PHONE |  |
| 1. ALTERNATE CONTACT PERSON

(NAME/TITLE) |  |
| 1. EMAIL ADDRESS
 |  |
| 1. OFFICE PHONE
 |  | 20a. ALTERNATE PHONE |  |

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| 1. NUMBER OF CERTIFIED LAW ENFORCEMENT PERSONNEL
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| 1. FOR THIS CALENDAR YEAR, DID YOUR AGENCY/ORGANIZATION MEET THE LAW ENFORCEMENT TRAINING STANDARD-CERTIFICATION FOR EACH CERTFIED LAW ENFORCEMENT PERSONNEL? (YES/NO)
 |  |
| 22a. IF NO, PLEASE EXPLAIN THE BARRIERS AND/OR CHALLENGES: |  |

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| 1. PLEASE REVIEW THE ITEMS BELOW IN THE LEFT COLUMN. PROVIDE A RANKING IN THE RIGHT COLUMN. RANK ITEMS FROM GREATEST NEED TO LESS NEED. #1 BEING THE GREATEST NEED AND #11 BEING THE LEAST NEEDED. IF GREATEST NEEDED ITEMS ARE NOT LISTED, USE OTHER TO EXPLAIN AND THEN RANK.
 |

| **ITEMS TO BE RANKED** |  |  | **RANKING** |
| --- | --- | --- | --- |
| COMPUTERS TO INCLUDE DESKTOP, LAPTOP OR TABLET |  | 1 |  |
| FIREARMS TO INCLUDE HANDGUNS, LONG GUNS |  | 2 |  |
| TRAINING (LAW ENFORCEMENT RELATED) |  | 3 |  |
| CELL PHONES OR SIMILAR HAND HELD COMMUNICATIONS DEVICES |  | 4 |  |
| BULLET RESISTANT VEST/BODY ARMOR |  | 5 |  |
| VIDEO CAMERAS TO INCLUDE HAND HELD, DASH-MOUNT, OR ON-BODY |  | 6 |  |
| UNIFORMS TO INCLUDE BOOTS, DUTY BELT, HOLSTER, BATON, FLASHLIGHT AND HANDCUFFS  |  | 7 |  |
| OFFICE, PATROL UNIT, AND CRIME SCENE SUPPLIES |  | 8 |  |
| PATROL CAR UPGRADES TO INCLUDE LIGHT BAR RADIO SAFETY CAGE |  | 9 |  |
| COMMUNICATIONS UPGRADES TO INCLUDE RADIO EQUIPMENT OR ANTENNA |  | 10 |  |
| OTHER-EXPLAIN |  | 11 |  |
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| **PROJECT NARRATIVE SECTION** |
| 1. IN THE SPACE BELOW PLEASE PROVIDE A PROJECT NARRATIVE/PROPOSED USE OF FUNDS THAT DESCRIBES WHAT THE AWARDED FEDERAL FUNDS WILL BE USED FOR IN REDUCING CRIME AND/OR PROVIDING OFFICE SAFETY. CLEARLY IDENTIFY THE PROPOSED PURCHASES OR EXPENDITURES THAT THE ORGANIZATION INTENDS TO MAKE; THE PURPOSE OF ANTICIPATED PURCHASES OR EXPENDITURES; SPECIFIC ACTIVITIES OR SERVICES THAT WILL OCCUR; AND ANY PROJECTED OUTCOME/RESULTS OF ACTIVITIES AND SERVICES. ALSO, DESCRIBE HOW THE PURCHASES WILL IMPROVE THE EFFECTIVENESS AND EFFICIENCY OF CRIMINAL JUSTICE OPERATIONS (I.E. DECREASES IN TIME LOSS, INCREASES IN PROGRAM QUALITY) AND /OR INCREASES OFFICER AND COMMUNITY SAFETY.
 |
| (Enter Narrative Justification Here: *As You Type The Box Will Expand. You May Submit/Attach a Separate Sheet*) |

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| **BUDGET REQUESTED/JUSTIFICATION SECTION** |
| 1. FOR BUDGET REQUEST DOCUMENTATION, ORGANIZATIONS ARE REQUIRED TO ATTACH COPIES OF VENDOR QUOTES/BIDS. APPLICATIONS SUBMITTED WITHOUT BUDGET REQUEST QUOTES/BIDS WILL NOT BE APPROVED. PLEASE COMPLETE THE TABLE BELOW TO JUSTIFY YOUR BUDGET REQUESTED.
 |

| **DETAILED DESCRIPTION OF ITEMS/****PROPOSED ACTIVITIES**(Include the number of itemsand unit cost) | **COST OF ITEMS** (Including taxes and shipping if applicable)  | **NARRATIVE**(Summarize how items willbe utilized and the benefit the organization) |
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| **TOTAL** |  |  |