|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Program &****Program Sponsor** |  | **Congressional District(s)**  |  |
| **Applicant:** |  | **Faith Based Organization?** | [ ]  Yes [ ]  No |
| **Applicant Federal ID Number:** |  | **Best Practice?** | [ ]  Yes [ ]  No |
| **Jurisdiction(s) Served and Zip +4 Codes:** |  |
| **Program Sponsor** |  | **Congressional District(s)**  |  |
| **Program Title:** |  | **Certified Crime Prevention Community?** | [ ]  Yes [ ]  No |
| **Grant Period:** | July 1, 2019- June 30, 2020 | **DUNS NUMBER:** |  |
| **Type of Application:** | [ ]  Continuation | [ ]  Continuation of Grant Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **[ ]  Rural****[ ]  Urban****[ ]  Suburban** |
|  | Project Director | Project Administrator |  Finance Officer |
| **Name:** |  |  |  |
| **Title:** |  |  |  |
| **Address including Zip+4:** |  |  |  |
| **Phone:** |  |  |  |
| **Fax:** |  |  |  |
| **E-Mail:** |  |  |  |
| ***Signature of Project Administrator:*** |
| **Brief Project Description:** |
|  |
| **Project Budget** |  DCJS Funds |  Local Match Total Requested |
|  | **Federal** |  **State** |  |  |
| Personnel | **XXXXXXXXXX** |  | **XXXXXXXXXXXX** |  |
| **Consultants** | **XXXXXXXXXX** |  | **XXXXXXXXXXXX** |  |
| Travel | **XXXXXXXXXX** |  | **XXXXXXXXXXXX** |  |
| Equipment | **XXXXXXXXXX** |  | **XXXXXXXXXXXX** |  |
| Supplies/Other | **XXXXXXXXXX** |  | **XXXXXXXXXXXX** |  |
| Indirect Costs | **XXXXXXXXXX** |  | **XXXXXXXXXXXX** |  |
| Total Requested | **XXXXXXXXXX** |  | **XXXXXXXXXXXX** |  |