

Brown County Crime Prevention Funding Board Grant



Application Date:

Organization Information

Program/Initiative Name and Current Year:

Organization's(Legal)Name:

Federal EIN (If Applicable) :

Address:

City:

State:

Zip Code:

Website:

Phone Number:

Brief description of organization, such as its history, focus or programming:

Organization mission statement (If Applicable) :

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Contact Information

Primary Contact for the Grant Application

Name:

Title:

Email:

Phone Number:

Administrator of the Grant (If different than the Point of Contact)

Name:

Title:

Email:

Phone Number:

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Project Overview

Brief summary of the request. Is this request for a piece of equipment, a project, program, or a combination?

Project Total Budget:

Amount Requested:

Project Start Date:

Project End Date:

Statement of need and/or opportunity: Explain the need or opportunity that is causing the organization to take the action proposed in this application. Whenever possible, substantiate with date. What crime prevention need is addressed by this proposal? What is the impetus to request funds at this proposal time?

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Objectives/Activities

Articulate what you hope to achieve with this proposed project/program.

How will implementing this proposal improve or support crime prevention in Brown County?

Describe the project or program. What activities will occur in order to achieve the Objectives? Information may include a schedule of events or a timetable for action. (Not required for equipment requests.)

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Project Funding

Provide any additional narrative or explanation of budget.

Future funding & sustainability of program: How will this program/activity be sustained when this funding ends? How is the organization preparing to replace the funding requested in this application after the award year?

Evaluations

What will be measured to show community impact from the proposed program or project? How will you know if the program is successful and if, or how well, objectives have been achieved? If this is for a piece of equipment, how will success be measured?

Outputs: How many individuals will be affected by this grant, and who are they?

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Describe other quantitative measures you want to report, such as number of classes, visits, touch points, etc.

Outcomes: What 3 specific outcomes will be measured to determine the progress towards reaching the objectives? Describe what each measure means and how it will be measured in the three boxes below.

1st Specific Outcome:

2nd Specific Outcome:

3rd Specific Outcome:

The Program or Project Budget Worksheet must be completed for any project or program over \$2500, otherwise it is optional. Budget worksheet is not needed for equipment.

I attest that the information submitted is correct and complete to the best of my knowledge. My supervisor is aware and supportive of this proposed project and funding request.

Applicant Signature:

Print Name: