

# CRIMINAL JUSTICE GRANTS SUMMARY FORM

## PART I—Content Review

Title of Grant: \_\_\_\_\_

Department(s): \_\_\_\_\_  
(List lead department first)

Contact Person & Phone: \_\_\_\_\_

Granting Agency: \_\_\_\_\_

To which of the following aspects of City Council's Vision does this grant relate:

- |                                                        |                                                                |
|--------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Bold New Directions           | <input type="checkbox"/> Life Long Learning Community          |
| <input type="checkbox"/> World Class Maritime Center   | <input type="checkbox"/> Neighborhood/Community Transformation |
| <input type="checkbox"/> Robust and Prospering Economy | <input type="checkbox"/> Pride of Past, Promise of Future      |

**Please explain how the grant relates to the above objective(s) and describe the purpose of the grant:** (attach additional sheet if necessary)

---

---

---

---

Approvals:

Signature

Date

Department Head	_____	_____
Deputy City Manager	_____	_____
Community Criminal Justice Board	_____	_____

(Responsible for department applying)

PART II –Application Approval

Application Due Date: \_\_\_\_\_

Grant Period: \_\_\_\_\_

Type of Application:        \_\_\_ New        \_\_\_ Continuation        \_\_\_ On-line

If continuation, number of years previously awarded: \_\_\_\_\_

Are you anticipating Level Funding with no changes from previous year?

\_\_\_ Yes or \_\_\_ No

Grant Application – Funding and Budget:

	<u>Funding</u>		<u>Cash</u>	<u>In-Kind</u>	<u>Total</u>
<u>Budget</u>					
Federal	_____	Personnel	_____	_____	_____
State	_____	Contractual	_____	_____	_____
Other	_____	Travel	_____	_____	_____
Cash Match	_____	Equipment	_____	_____	_____
Subtotal	_____	Supplies	_____	_____	_____
In-Kind Match	_____	Other	_____	_____	_____
Total	_____	Total	_____	_____	_____

Match Required:

---

In-Kind - provide summary  
Cash – identify source (budget line item)

Describe the City’s Obligation/Provision to Continue Program after Grant Expires:

---

<u>Approvals:</u>	<u>Signature</u>	<u>Date</u>
Human Resources (Only if grant includes personnel)	_____	_____
Finance	_____	_____
Grants Coordinator	_____	_____

**PART III – Award Notification**

Grant Award – Funding and Budget:

	<u>Funding</u>		<u>Cash</u>	<u>In-Kind</u>	<u>Total</u>
<u>Budget</u>					
Federal	_____	Personnel	_____	_____	_____
State	_____	Contractual	_____	_____	_____
Other	_____	Travel	_____	_____	_____
Cash Match	_____	Equipment	_____	_____	_____
Subtotal *	_____	Supplies	_____	_____	_____
In-Kind Match	_____	Other	_____	_____	_____
Total	_____	Total	_____	_____	_____

- If “Subtotal” is greater than \$50,000, you must obtain City Council approval for transfer.

<u>Approvals:</u>	<u>Signature</u>	<u>Date</u>
Human Resources (Only if grant includes personnel)	_____	_____
Finance	_____	_____
Grants Coordinator	_____	_____

