

FLORIDA CRIME STOPPERS TRUST FUND

ATTACHMENT B

Grant Application

Grant Year:

Section 1. Applicant Information

Type of Governmental Agency or Organization *(check Space)*

County Member, Florida Association of Crime Stoppers, Inc.

Organization Information

Name of Agency or Organization:

Organization Mailing Address: Applicable Judicial Circuits:

City: State: Zip:

Federal Identification Number: Participating Counties:

Total Budget Request:

Individual to Contact in Case of Question: Area Code/Phone No.

E-Mail Address:

Coordination of Services: *Identify agencies with which the organization will coordinate its services.*

Agency: Agency:

Agency: Agency:

Agency: Agency:

Agency: Agency:

Agency: Agency:

Agency: Agency:

Agency: Agency:

Agency: Agency:

Agency: Agency:

Agency: Agency:

Agency: Agency:

Agency: Agency:

Section 2. Certification Signatures

I acknowledge that I have read, understood, and agree to the conditions set forth in the Florida Crime Stopper Trust Fund Grant Application Package for the duration of the grant period. Funds approved in "Attachment B" may not be used for donations, contributions, or other types of like expenditures. All funds, without exception, not utilized by this grant must be returned to the Crime Stopper Trust Fund. Further, I certify the information in this application is true, complete and correct.

Name of Program Director: Title:
Street, Post Office Box or Drawer: Area Code/Telephone No.
City: State: Zip: Area Code/Fax No.
Signature of Program Director: _____ Date of Signature:
E-Mail Address:

I acknowledge that I have read, understood, and agree to the conditions set forth in the Florida Crime Stopper Trust Fund Grant Application Package for the duration of the grant period.

Name of Authorizing Official: Title:
Street, Post Office Box or Drawer: Area Code/Telephone No.
City: State: Zip: Area Code/Fax No.
Signature of Authorizing Official: _____ Date of Signature:
E-Mail Address:

I acknowledge that I have read, understood, and agree to the conditions set forth in the Florida Crime Stopper Trust Fund Grant Application Package for the duration of the grant period.

Name of Financial Officer: Title:
Street, Post Office Box or Drawer: Area Code/Telephone No.
City: State: Zip: Area Code/Fax No.
Signature of Financial Officer: _____ Date of Signature:
E-Mail Address:

I acknowledge that I have read, understood, and agree to the conditions set forth in the Florida Crime Stopper Trust Fund Grant Application Package for the duration of the grant period.

Section 3. Organization Board of Directors

List the names of the members of your organization's Board of Directors and their personal e-mail addresses. For those Board members who meet the exemptions as outlined in Chapter 119, F.S., please check the "Exempt" box.

Position on Board	Name	E-Mail Address	Exempt
Chairman/President:			<input type="checkbox"/> YES
Vice Chairman/President:			<input type="checkbox"/> YES
Treasurer:			<input type="checkbox"/> YES
Secretary:			<input type="checkbox"/> YES
Immediate Past President:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES
Board Member:			<input type="checkbox"/> YES

Section 4. Organization Mission Statement - This section should contain a mission statement of your organization. Please include the following required data for the area that your serve.

Mission Statement:

INFORMATION ABOUT AREA SERVED

Population Served by Organization: _____

Crime Rate per County Served (per UCR): _____

Number of Media Outlets: _____

Are Billboards Available in Your Area?: YES No

Number of Local Law Enforcement Agencies in Area Served : _____

Number of Schools in Area Served by Organization:

High Schools: _____

Middle Schools: _____

Elementary Schools: _____

Colleges: _____

Other Schools Served: (Private, Chartered, Christian, etc.) _____

Number of Public Transportation Entities Available in Area Served: _____

Number of Community Events in Area Served: _____

Section 5. Previous Activity - Provide the following information for the three previous grant years, excluding current year, which occurred between July 1, and June 30 of the grant years requested.

Year	# of Tips Written	-	% of increase or Decrease in Tips Written	# of Arrests	# of Cases Cleared	# of Rewards Approved	Total # of Rewards Paid	% of Rewards Paid vs. Approved

Year	\$ Spent on Public Awareness*		Cost per Tip	\$ Amount of Grant Funds Reimbursed

***Dollars spent on Rewards and Public Education Category, not Dollars Budgeted.**

Section 6. Programmatic and Fiscal Evaluation for the Previous Year and Year-to-Date: State in this section what has been successful and what has not been successful and determine if programmatic cost from previous year and year-to date have been cost effective and productive. **(Pages may be added)**

Type Here:

Section 7. Review of Performance Measures from Current Year - *Will your Performance Measures from the current grant year be achieved by your organization? If yes, please give a brief narrative of your achievements. If no, give reason why you were unable to meet your established Performance Measures and did you require a Program Modification?*

Type Here:

Section 8. The Budget - The Budget section is divided into three budget categories (Rewards and Public Education, Operating Expenses and Salaries) and include a Budget Narrative for each category and a Budget Summary at the end. Provide information on all proposed grant expenditures in the appropriate budget categories. Items must meet these three (3) directives; "reasonable," "allowable," and "necessary."

Section 8. Part A. Rewards and Public Education - Includes, but is not limited to, the following approved items. Blank lines will be provided for any additional requests, but will be subject to evaluation and approval. **This category must "Total" a minimum of 50% of your award amount.**

REWARDS & PUBLIC EDUCATION

Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
1.	Rewards - (D2 & D3)		@			
2.	Tip Lines - (D1)		@			
3.	Answering Service (Alternative Answers, CSI, Other) - (D1)		@			
4.	Telecommute Fees - (D1)		@			
5.	Tip Software - (D1)		@			
6.	Cell Phone (Tip Coordinator) - (D1)		@			
7.	Crime Prevention Training - (D6)		@			

PROGRAM AWARENESS/MEDIA

Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
8.	Bus Benches - (D4 & D6)		@			
9.	Yellow Pages Ads (Quotes not required if purchased with local phone utility carrier - (D4)		@			
10.	Billboards/Rolling Billboards - (D4 & D6)		@			
11.	Bus Wraps Only (Sole Source Determination Required) - (D4)		@			
12.	Cab Signs - (D4)		@			
13.	Newspaper - (D4 & D6)		@			
14.	Radio - (D4 & D6)		@			
15.	Television (Program Associated) - (D4 & D6)		@			
16.	Movie Theater - (D4)		@			
17.	Website Development/Maintenance - (D4 & D6)		@			

Section 8. Part A. Rewards and Public Education - Continued

Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
18.	Brochures - (D4 & D8)		@			
19.	Promotional Materials - (D4, D6 & D8)		@			
20.	Door Hangers/Yard Signs (Does not include Neighborhood Watch Signs) - (D4 & D6)		@			
21.	Window Clings/Signs/Stickers - (D4)		@			
22.	Newsletters - (D4)		@			
23.	Posters - (D4 & D6)		@			
24.	Banners - (D4)		@			
25.	LCD Projector - (D4)		@			
26.	Projection Screen - (D4)		@			
Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
27.	Display Board - (D4)		@			
28.	Television - (D4)		@			
29.	VCR/DVD/Blue-Ray/or similar device - (D4)		@			
30.	Child ID Programs - (D8)		@			
31.	Child ID Supplies - (D8)		@			
32.	Crime Scene Tape - (D6)		@			

FUGITIVES:

Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
33.	Wanted Fugitive Ads - (D6)		@			
34.	Wanted Fugitive Flyers - (D6)		@			
35.	Wanted Fugitive Posters - (D6)		@			
36.	Wanted Fugitive Billboards - (D6)		@			

Section 8. Part A. Rewards and Public Education - Continued

"OTHER" Specific Line Items (not listed above. Explain on page 19, Section 9, in detail. Line Items 37- 42 associated with D4)

Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
37.			@			
38.			@			
39.			@			
40.			@			
41.			@			
42.			@			
TOTAL REWARDS & PUBLIC EDUCATION						

Section 8. Part A. BUDGET NARRATIVE - For budget category, "Rewards & Public Education," specifically describe how the costs were determined and how the items will be used to achieve the mission statement of the organization and to meet objectives and performance measures. Each line item containing dollar amounts will have to be explained and justified in detail. Line items with dollar amounts that are not described and justified will be deleted from the grant application and the award amount. Additional pages may be added as necessary.

Rewards and Public Education

Section 8. Part A. BUDGET NARRATIVE - For budget category, "Rewards & Public Education," specifically describe how the costs were determined and how the items will be used to achieve the mission statement of the organization and to meet objectives and performance measures. Each line item containing dollar amounts will have to be explained and justified in detail. Line items with dollar amounts that are not described and justified will be deleted from the grant application and the award amount. Additional pages may be added as necessary.

**Rewards and
Public Education**

A large, empty rectangular box with a thin black border, intended for the budget narrative. It occupies the majority of the page's width and height.

Section 8. Part A. BUDGET NARRATIVE - For budget category, "Operating Expenses," specifically describe how the costs were determined and how the items will be used to achieve the mission statement of the organization and to meet objectives and performance measures. Each line item containing dollar amounts will have to be explained and justified in detail. Line items with dollar amounts that are not described and justified will be deleted from the grant application and the award amount. Additional pages may be added as necessary.

**Rewards and
Public Education**

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Section 8. Part B. Operating Expenses - Includes, but is not limited to, the following approved items. Blank lines will be provided for any additional requests, but will be subject to evaluation and approval.

OFFICE EXPENDITURES

Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
43.	Office Rent (must submit copy of lease and office hours) - (D9)		@			
44.	Utilities - (D9)		@			
45.	Office Phone (Not Tip Line) - (D9)		@			
46.	Cellular Phone - (D9)		@			
47.	Fax Line - (D9)		@			
48.	Internet Line/Wireless Connectivity (Internet Service) - (D9)		@			
49.	Vehicle Mileage - (D9)		@			
50.	Postage/Express Mail (must maintain Postage Log for all stamps to demonstrate usage) - (D9)		@			
51.	Post Office Box Rent - (D9)		@			
52.	Storage Rent - (D9)		@			
53.	General Office Supplies/Letterhead/Envelopes - (D9)		@			

EQUIPMENT AND PROPERTY

Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
54.	Computer (Including monitor or Software purchased with computer) - (D9)		@			
55.	Computer Hardware Accessories - (D9)		@			
56.	Laptop Computer (does not include ipad notebooks or similar devices) - (D9)		@			
57.	Additional Software - (D9)		@			
58.	Fax Machine - (D9)		@			
59.	Printer - (D9)		@			

Section 8. Part B. Operating Expenses - Continued

Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
60.	Copier - (D9)		@			
61.	Copier Rental - (D9)		@			
62.	Copier Maintenance - (D9)		@			
63.	Telephone Equipment (not bills) - (D9)		@			

MEMBERSHIP DUES

Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
64.	FACS (Florida Association of Crime Stoppers, Inc. - (D5)		@			
65.	Southeastern Crime Stoppers Association - (D5)		@			
66.	USA Crime Stoppers Association - (D5)		@			

FEES

Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
67.	Corporate Filing Fees - (D9)		@			

INSURANCES

Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
68.	Board & Officer's Liability (Mandatory) - (D7)		@			
69.	Employee Bond Insurance - (D7)		@			
70.	Storage Unit Insurance - (D9)		@			
71.	General Liability - (D8)		@			
72.	Vehicle Insurance (State owned) - (D9)		@			

Section 8. Part B. Operating Expenses - Continued

TRAVEL

Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
73.	Travel - (D5)		@			

PROFESSIONAL SERVICES

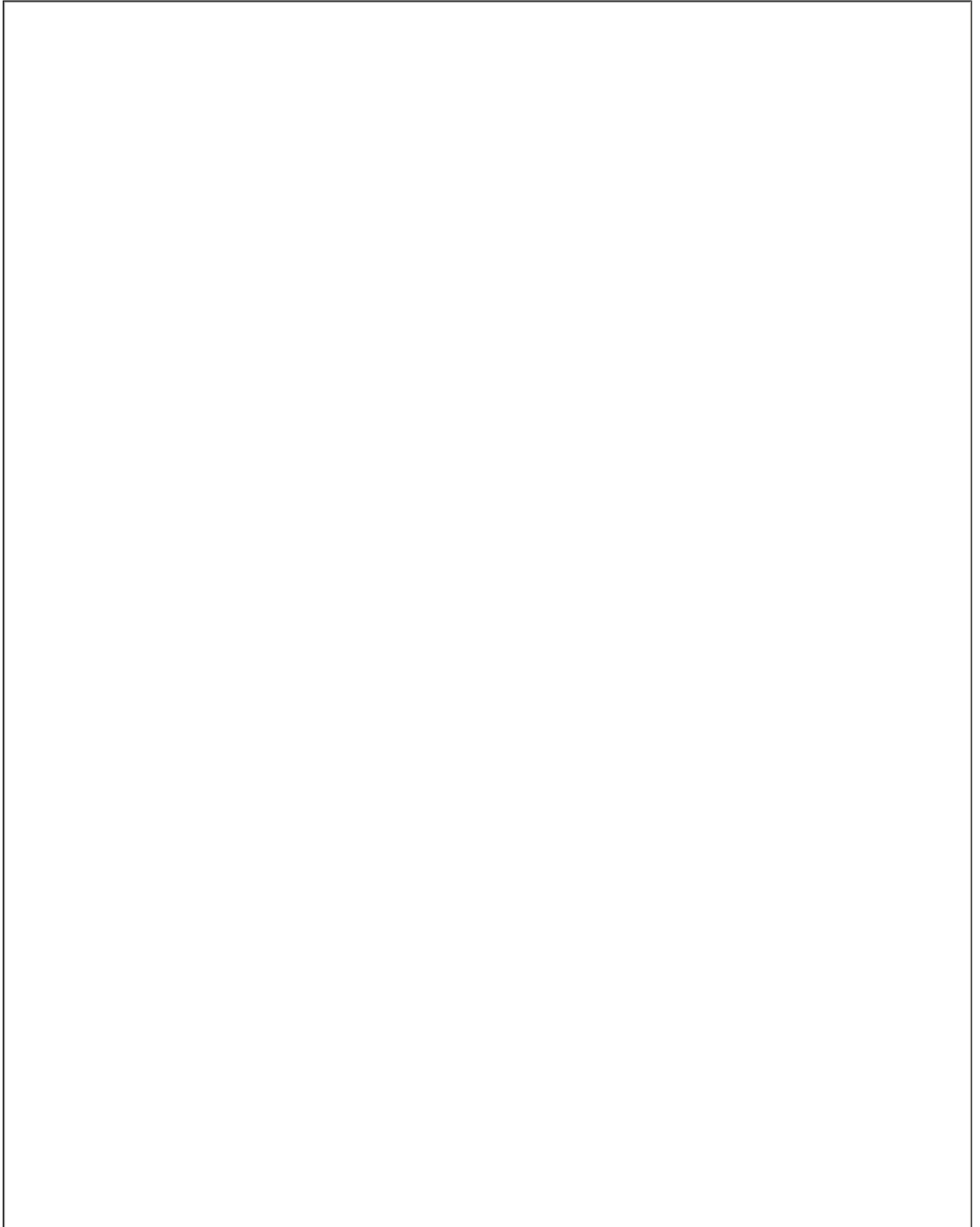
Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
74.	Accounting - (D9)		@			
75.	Payroll Services - (D9)		@			
76.	Computer Tech Support - (D9)		@			
77.	Design Services - (D4)		@			
78.	N/A		@			

OTHER (EXPLAIN) (In Section 9 page 19) (Line items 79-87 D9 or otherwise as assigned)

Item #	Item	\$ Amount	@	%	Quantity/Number of Months	Total
79.			@			
80.			@			
81.			@			
82.			@			
83.			@			
84.			@			
85.			@			
86.			@			
87.			@			
	TOTAL FOR OPERATING EXPENSES					

Section 8. Part B. Operating Expenses. BUDGET NARRATIVE - For budget category, "Operating Expenses," specifically describe how the costs were determined and how the items will be used to achieve the mission statement of the organization and to meet objectives and performance measures. Each line item containing dollar amounts will have to be explained and justified in detail. Line items with dollar amounts that are not described and justified will be deleted from the grant application and the award amount. Additional pages may be added as necessary.

Operating Expenses



Section 8. Part B. Operating Expenses. BUDGET NARRATIVE - For budget category, "Operating Expenses," specifically describe how the costs were determined and how the items will be used to achieve the mission statement of the organization and to meet objectives and performance measures. Each line item containing dollar amounts will have to be explained and justified in detail. Line items with dollar amounts that are not described and justified will be deleted from the grant application and the award amount. Additional pages may be added as necessary.

Operating Expenses

Section 8. Part C. Salaried Employees - Personnel dedicated to administer the grant project and whose salaries or portion of salaries are to be paid with Crime Stopper Trust Fund monies. In "Budget Narrative" show breakdown of figures used to determine "Total Salary." **A maximum of 30% of award amount can be allocated for "Total Salaries" this should include any benefits, payroll taxes, insurance, workers compensation, etc.**

SALARY BREAKDOWN *(This section must be used to assist in determining how much is to be charged to the Trust Fund in salary dollars.)*

Position/Title	Employer Benefits	Hourly Rate	Hrs. per Week	# Weeks	Salary	Employer Taxes	Total Salary
Executive Director (Salaried - Not paid hourly)							

Employed By Crime Stoppers (Paid from CS Trust Fund)

Item #	Employee Name (Match Name to Position/Title)	% Time Spent on Crime Stoppers	Salary	Salary Based on %	Non-Sworn	Sworn
88.						
89.						
90.						
91.						
92.						
93.						
94.	Executive Director (Salaried - Not paid hourly)					
	TOTAL SALARY					

Section 8. Part C. Salary Expense. BUDGET NARRATIVE - Provide justification and relevance of each salaried position to the Crime Stopper Project. Provide job description for each position, ensure it is accurate, current and approved by the Board of Directors. The narrative must include the pay rate per hour (i.e. \$15.00 per hour), days to be worked (i.e. Monday through Friday), and hours per day to be worked (i.e. 4 hours per day, 8 hours per day, etc.).

**Salary
Narrative**

SECTION 9. "OTHER" NARRATIVE - For the budget categories Rewards and Public Education and Operating Expenses specifically describe **ALL** "OTHER" costs and justify them regardless of the amount. They must be "reasonable," "allowable," "necessary," and directed at achieving the mission statement, objectives and performance measures of the organization. Additional pages may be added as necessary.

**"OTHER"
Narrative**

SECTION 10. PART D. BUDGET SUMMARY - Summary of totals for Sections 8, Parts A-C, Total Budget Request computes in Section 1, Page 1.

Budget Category	%	Total Cost
Part A. Rewards and Public Education (Minimum of 50% of Award Amount)		
Part B. Operating Expenses		
Part C. Salaried Employees (Maximum allowed 30% of Award Amount)		
TOTAL		
Award Amount		