**Title Page**

1. ***Applicant Agency***: enter the official name of the agency submitting the application. The address refers to the physical and mailing address of the applicant agency.
2. ***Contact Person:*** refers to the person with direct responsibility for the administration of the proposed project.
3. ***Project Title:*** Use descriptive title for project.
4. ***Funding Amount Requested:*** Enter the total funding amount requested for law enforcement activities.
5. ***Project Summary: S***ummary of project (1/2 page limit).
6. ***Certification by Authorized Official***; The sheriff, police chief, division chief, agency head or other official ultimately responsible for this project/program and budgetary obligations. Signature must be in BLUE ink.

**Narrative Section** - Each field is assigned different value in points.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Field Name*** | ***Scoring Points*** | ***Page Limit*** | ***Narrative provides:*** |
| 1. Title Page
 | 3 | Complete sections | Complete sections (summary ½ page only). |
| 1. Project Abstract
 | 2 | ½ page | Abstract should succinctly summarize the proposed project and include: specific goals, any unique features, collaboration, expected results.  |
| 1. General Overview
 | 5 | 1  | Establish what the applicant agency is and does. What the proposed project is and how funding will be utilized. |
| 1. Problem Statement
 | 10 | 1 | Describe the primary problem, the need, the urgency and what will occur without funding. Use statistics/data if available. |
| 1. Goals and Objectives
 | 15 | 1 ½ | How, who, where and when the project (solution to problem stated above) will be accomplished (scope of work). Should be 1-3 general goals with 1-3+ **measurable** objectives for each goal.  |
| 1. Methods of Accomplishment
 | 20 | 2  | List the tasks/steps to succeed in completing the proposed project. Include timeline of benchmarks. |
| 1. Project Evaluation
 | 15 | 1  | Describe: what data will be collected to determine the success of project; how data will be used to improve the project; who will evaluate the project and when; how results will be shared with the NCOHV.  |
| 1. Sustainment of the Project
 | 10 | 1  | Describe how maintenance of project/equipment, including costs will be accomplished in the future. |
| ***Field Name*** | ***Scoring Points*** | ***Page Limit*** | ***Narrative provides:*** |
| 1. Statement of Coordination
 | 5 | 1  | Partnerships, coordination, resources that will support the applicant agency in the completion of this project. Describe how tasks will be distributed among partners. Include evidence of support/coordination of other agencies (letter, MOU, etc.) |
| 1. Budget Section
 | 15 | Complete section | **Excel format downloaded separately.** ***Justification* fields must be completed as well as line item listings.**  |

Narrative portion of application begins on the next page

Be sure to download the Budget Worksheet for completion and submission.

NCOHV Funding Application

Title Section

**A. Applicant Agency**

| Agency Name: |       |
| --- | --- |
| Mailing Address |       |
| Physical Address |       |
| City |       | NV |
| Zip  |      -     |
| County |       |
| Federal Tax ID #: |   -      (xx-xxxxxxx) |
| DUNS # |       |

**B. Contact Person**

| Name: |       |
| --- | --- |
| Telephone (Daytime, Cell, Fax) |                   |
| E-mail Address |       |
| Mailing Address |       |
| City |       | NV |
| Zip  |      -     |

**C. Project Title**

|  |
| --- |
|  |

**D. Funding Amount Requested**

|  |
| --- |
| **$** |

**E. Brief Project Summary – (½ page limit)**

|  |
| --- |
|  |
|  |

1. **Certification by Agency Authorized Official**

|  |
| --- |
| As the authorized official for the applying agency, I certify that all the information contained in the application is correct; that this agency agrees to comply with all provisions of the applicable funding program (NCOHV), including the reporting requirements; that the use of these funds will be for the purposes stated in this document. (Sign in BLUE ink) |
| Authorized Official’s |
| Name (type/print):      | Phone: (   )    -     |
| Title:      | eMail:     @      |
| Signature:  | Date:  |
|  |  |

Narrative Section

Begin typing below each field header.

ABSTRACT

GENERAL OVERVIEW

PROBLEM STATEMENT

GOALS AND OBJECTIVES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GOAL | OBJECTIVE(S) | METHOD OF MEASUREMENT (action) | QUANTITY (deliverable) | RESPONSIBLE PARTY & DATE OF COMPLETION |
| Example: | Example: (SPECIFIC) | Example: (MEASURABLE) | Example:(ATTAINABLE& REALISTIC) | Example:(TIMELY) |
| *Reduce the impact of graffiti in SMART County.* | 1. *Increase the number of arrests conducted by 10 percent from 20 to 22.*
2. *Increase intelligence gathering to suppress gang activity by adding two meetings with neighboring partners for a total of 6 annually.*
 | 1. *Current data shows 20* ***arrests*** *done monthly. This will increase to 22.*
2. ***Meetings*** *with neighboring partners will increase from four to six annually.*
 | 1. *22 arrests every month during performance period.12mosX22arrests=264arrests*
2. *Coordinate 2 additional meetings annually*
 | 1. *Chief of Graffiti Section. 30 Sep 2016.*
2. *Sergeant Who, Jan 2016 and June 2016.*
 |

METHODS OF ACCOMPLISHMENT/TASKS

PROJECT EVALUATION

SUSTAINMENT OF THE PROJECT

STATEMENT OF COORDINATION

STATEMENT OF TECHNOLOGY – If funds are to be used for any type of technology, please provide a written statement from the technology department that the project has been reviewed and the agency is capable of completing the project.

Download and complete the budget forms separately to complete the application.

*Thank you for your interest in applying for NCOHV funding. You will be contacted if further information is required. Do not begin your project or incur costs until you have received a signed award document by the NCOHV.*

See funding announcement for submission instructions.

OHV/OHV\_Funding\_Application16.docx