



**Community Crime Reduction Program, ARPA funded
APPLICATION FORM**

GENERAL INFORMATION	
NAME OF ORGANIZATION:	
CONTACT PERSON:	TITLE:
MAILING ADDRESS:	PHONE:
	EMAIL:
AREA OF FOCUS:	
WHAT YOU OFFER:	
501c STATUS:	EIN:
DATE ESTABLISHED/ INCORPORATED:	SERVICES OFFERED:

CRIME REDUCTION STRATEGY

1. DESCRIBE THE ASPECTS OF YOUR PROGRAM

Location:

Meeting date(s):

Meeting time(s):

Total Number of participants:

Instructor(s):

2. DESCRIBE HOW YOU INTEND TO MARKET YOUR PROGRAM?

3. DESCRIBE WHAT DATA DRIVEN-METHODS or Activities YOUR program HAS USED TO ADDRESS REDUCING VIOLENCE IN PORTSMOUTH.

4. EXPLAIN past MEASURABLE RESULTS YOUR program HAS ACCOMPLISHED.

5. WHY SHOULD YOUR ASSOCIATION BE CONSIDERED FOR FUNDING?

6. AMOUNT REQUEST AND JUSTIFICATION

7. HOW WILL YOU ENSURE YOUR PROGRAM IS SUSTAINABLE AND YIELD MEASURABLE RESULTS?

8. WHAT ARE YOUR TOP THREE-FIVE GOALS?

CERTIFICATION OF AUTHORIZED OFFICIAL

By signing this form, I certify that the information contained in the application is true and correct to the best of my knowledge. I certify that the contact person will be the only contact person for the project, the only person who can submit or request reimbursements and is a member of our community organization.

If the project is approved, I understand that the City will enter into a contract with the applicant organization to ensure the completion of the project as described in the application.

NAME:	TITLE:	CONTACT NUMBER/email
SIGNATURE:	DATE:	