

OFFICE OF THE FLORIDA ATTORNEY GENERAL

Crime Stoppers 20__-20__

Organization:

Grant No.:

Certification Signatures

All information provided is considered a public record subject to disclosure pursuant to Chapter 119, F.S. Anyone claiming an exemption from the public records disclosure requirements of Chapter 119, F.S., must affirmatively inform our program in writing of all information to be protected and the basis for same per Florida Statutes.

Program Director Information

Prefix:

Name:

Title:

Business Address:

City:

State: Florida

Zip:

Phone Number:

Fax Number:

Email:

- ✓ ***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 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.***

Authorizing Official Information

Prefix:

Name:

Title:

Business Address:

City:

State: Florida

Zip:

Phone Number:

Fax Number:

Email:

- ✓ ***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 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.***

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Certification Signatures

Financial Officer Information

Prefix:

Name:

Title:

Business Address:

City:

State:

Florida

Zip:

Phone Number:

Fax Number:

Email:

- ✓ ***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 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.***

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Organization:

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Board of Directors

Position on Board	Name	Email Address	Exempt
Chairman/President:			
Vice Chairman/Vice			
President:			
Treasurer:			
Secretary:			
Immediate Past President:			
Board Member:			

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Mission Statement and Area Served Information

Mission Statement:

Information about Area Served

County:

Population Served by Organization:

Crime Rate per County Served (per UCR):

Number of Media Outlets:

Are Billboards Available in Your Area?:

Number of Local Law Enforcement Agencies:

Number of Public Transportation Entities Available in Area Served:

Number of Community Events 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.)

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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	# of Tips Written Increase or Decrease from prior year	% of Increase or Decrease in Tips Written	# of Arrests	# of Cases Cleared	# of Rewards Approved	Total # of Rewards Paid	% of Rewards Paid vs. Approved
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Year
Year
Year

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

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

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Programmatic and Fiscal Evaluation

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.

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Performance Measures Review

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?

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Rewards and Public Education

Organization Name:

Grant No.:

Provide information on all proposed grant expenditures in the appropriate budget categories. Items must meet these three (3) directives; "**reasonable**," "**allowable**," and "**necessary**." This includes, but is not limited to, the following approved items. Blank lines will be provided for other 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	\$ Amount	%	Quantity/ Number of Months	Total	Narrative
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Rewards

- Tip Lines
- Answering Service
- Telecommute Fees
- Tip Software
- Cell Phone
- Crime Prevention Training

Program Awareness/Media

Item

- Bus Benches
- Yellow Pages Ads
- Billboards/Rolling Billboards
- Bus Wraps Only
- Cab Signs
- Newspaper
- Radio
- Television (program associated)
- Movie Theater
- Website
- Development/Maintenance
- Brochures

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Rewards and Public Education

Rewards & Public Education Item	\$ Amount	%	Quantity/ Number of Months	Total	Narrative
Program Specialty Items					
Door Hangers/Yard Signs					
Window Clings/Signs/Stickers					
Newsletters Posters					
Banners					
LCD Projector					
Projection Screen					
Display Board					
Television					
VCR/DVD/Blue-Ray/or similar device					
Child ID Programs					
Child ID Supplies					
Crime Scene Tape					
Fugitives Item					
Wanted Fugitive Ads					
Wanted Fugitive Flyers					
Wanted Fugitive Posters					
Wanted Fugitive Billboards					
Other (specific line items not listed above)					
Item					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL REWARDS & PUBLIC EDUCATION					

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Operating Expenses

Provide information on all proposed grant expenditures in the appropriate budget categories. Items must meet these three (3) directives; "**reasonable**", "**allowable**", and "**necessary**". This includes, but is not limited to, the following approved items. Blank lines will be provided for other additional requests, but will be subject to evaluation and approval.

Office Expenditures

Item	\$ Amount	%	Quantity/ Number of Months	Total	Narrative
Office Rent					
Utilities					
Office Phone					
Cellular Phone					
Fax Line					
Internet Line/Wireless					
Connectivity					
Vehicle Mileage					
Postage/Express Mail					
Post Office Box Rent					
Storage Rent					
General Office					
Supplies/Letterhead/Envelopes					

Equipment And Property

Item
Computer
Computer Hardware
Accessories
Laptop Computer
Additional Software
Fax Machine
Printer
Copier
Copier Rental
Copier Maintenance
Telephone Equipment

Membership Dues Item

FACS
Southeastern Crime
Stoppers Association
USA Crime Stoppers
Association

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Operating Expenses

Item	\$ Amount	%	Quantity/ Number of Months	Total	Narrative
Fees					
Corporate Filing Fee					
Insurances					
Board & Officer's Liability					
Employee Bond Insurance					
Storage Unit Insurance					
General Liability					
Vehicle Insurance					
Travel					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Professional Services					
Item					
Accounting					
Payroll Services					
Computer Tech Support					
Design Services					

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Organization:

Grant No.:

Operating Expenses

Other (specific line items not listed above)

Item	\$ Amount	%	Quantity/ Number of Months	Total	Narrative
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Total Operating Expenses					

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Salaried Employees:

Complete the tables below and provide information about each position requested. The first table has been designed to do the calculations for salaries and only requires you to choose a pre-determined **Position Title** from a dropdown list and data entering the **Employee Name**. The **Position Number** can only be assigned by the OAG.

For the **Personnel Narrative**, in detail, describe how the position will be used to advance the Crime Stoppers' initiative and how it is "reasonable", "allowable", and "necessary". Provide a job description for all proposed Crime Stoppers funded staff. Failure to provide Crime Stoppers allowable job descriptions may result in a reduction to your request. The job description must reflect Crime Stoppers allowable activities that are to be funded by CSTF.

Position Number **Position Title** **Employee Name**

Personnel Narrative:

The second table will display after selecting a position type and will require data entry of any benefits provided by Employer or contributed to by the employee unless a rate is required, then the rate will be entered and the amount will be calculated. This should include any benefits, employer payroll taxes, insurance allowances or other insurances provided by employer, workers compensation, employer deposits to 401K retirement plans, etc. **A maximum of 30% of award amount can be allocated for "Total Salaries"**.

Pay Schedule: Monthly

Position Type: Salary

Hours Per Week	Yearly Employee Cost	RATE	Yearly Employer Cost	Crime Stoppers Yearly Cost	Per Pay Period Crime Stoppers Cost
Hourly Rate					
Gross Salary			\$0	\$0	\$0
FICA		7.65%	\$0	\$0	\$0
Withholdings					

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Salaried Employees:

Retirement
Health Ins.
Life Ins.
Dental Ins.
Workers Comp
Unemployment
(1st \$7K)
Other Costs

TOTAL

Hours Per Week	Yearly Employee Cost	RATE	Yearly Employer Cost	Crime Stoppers Yearly Cost	Per Pay Period Crime Stoppers Cost
20					
Gross Salary					
FICA		7.65%			
Withholdings					
Retirement					
Health Ins.					
Life Ins.					
Dental Ins.					
Workers Comp					
Unemployment (1st \$7K)					
Other Costs					
TOTAL					

Explanation for Other Costs (if applicable):

Is this position Sworn or Non-Sworn?

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Budget Summary

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