



Community Corrections Partnership FY 2015-16 Competitive Grant Program APPLICATION FORM

Please complete all parts of this Application Form. Selected providers must meet the County's contractor requirements as specified in Section III of the Request for Proposal (RFP).

Contact Information

**Organization/
Agency Name**

Street Address

City

State

Zip Code

Organization

Website

Contact Person

Title

Phone Number

E-Mail Address

**Supporting
Organization/
Agency Name**

Contact Person

Address

City

State

Phone Number

E-Mail Address

Lead Organization Information

501(c)(3)?

Yes

Year Established

No

Federal Tax ID
Number

**Organizational
Mission
Statement**

(350 characters
or less)

**Brief
Description of
Organization**

(500 characters
or less)

**Population
Served**

(200 characters
or less, include
age groups, race
& ethnicity,
income levels,
etc.)

Program Request

**Problem
Statement**

(500 characters
or less)

Program Name

Total Program
Budget

**Requested
Amount**

**Grant Period
From**

Grant Period To

Multi-Year? Yes

No

Program Detail/Narrative Section

Please refer to page (insert number) of the RFP for detailed explanations on how to respond to the questions below.

**Geographic
Area to be
Served**

Program Plan

**Implementation
Strategy &
Time line**

**Collaborative
Partners
(if any)**

**Qualifications
& Capacity**

**Project Impact
& Outcomes**

**Evidence-Based
Practices**

**Demonstration
or Innovation**

Program Budget Detail

1. Budget and Funding

Please prepare a Line Item Budget for your program and attach to this application.

2. Financial and Agency Information

Please provide a copy of the following for each of the agencies applying:

- a) Total annual budget
 - b) Current month and year-to-date financial statements
 - c) Most recent financial audit or year-end financial statement
 - d) Governing board members and group organizational charts
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**Authorized
Applicant
Name**

Date