## **Public Safety Coordinating Council Funding Application**

Organization Name:			
Address:	Pho	ne:	
Program That Best Fits Your Project:			
Organization Primary Contact First Name:			Last Name:
Title:			
Office Phone:	Ext:		Email:
<b>Request Primary Contact</b>			
Same as Organization Primary Contact?			
If Different Complete Information Below			
First Name:		Last Name:	
Title:			
Phone:	Ext:		Email:

## <u>Problem Identified</u>

Identify the problem, include what hazards, risks or concerns the funds will address.
Program/Project Description
Provide a one paragraph summary description of the Program/Project and how it aligns with program area
Describe how the program/project will address the specific problems identified.
What program/project activities or tasks are to be carried out?
Describe the expected outcomes of the activities/tasks identified. How will they be measured?.

## Community Actions and Efforts Define current efforts underway or existing resources being used in responding to the problem. Describe any current Coordination and Cooperation with other Agencies or Departments. Why is this project important for Manatee County?

Describe impact to the community if program/project is not funded

<b>Financial Information</b>
Attach your Detailed Budget ( be sure to include all expenses associated with the project/program)
Budget Narrative:
Describe Long Term Plan to Sustain Budget without Funds