

**Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Office of Grants and Research**

**Availability of Grant Funds (AGF)  
2017 Competitive Senator Charles E. Shannon, Jr. Community Safety Initiative**

**Applicant Name:**

**Project Name:**

Applicant Mailing Address

Street: City: Zip+4:

Phone: Fax:

**Authorizing Official:**

**Title:**

Agency/Organization

Authorizing Official Mailing Address

Street: City: Zip+4:

Phone: Fax:

Email:

**Finance Officer:**

**Title:**

Agency/Organization:

Finance Officer Mailing Address

Street: City: Zip+4:

Phone: Fax:

Email:

**Project Manager:**

**Title:**

Agency/Organization:

Project Manager Mailing Address

Street: City: Zip+4:

Phone: Fax:

Email:

**Proposed Budget Request:**

**Partner Cities/Towns:**

I am pleased to submit this application and the required documents to the Executive Office of Public Safety and Security, Office of Grants and Research. I have reviewed and if funded, agree to abide by the sub-grantee requirements indicated in the Availability of Grant Funds (AGF) including all applicable state grant requirements.

Authorizing Official Printed Name:

Title:

**Authorizing Official Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(sign in **blue** ink)

Submit ONE completed PDF of this document (without a signature) to [eopsshannon@state.ma.us](mailto:eopsshannon@state.ma.us) by the application deadline.