

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

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

*Program Narrative (Attachment B)*

*Instructions:* Use the following pages to complete this section. Insert additional attachments as noted.

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Gang Violence Problem Statement*

*Instructions:* Use this page to complete the *Gang Violence Problem Statement* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI Application for Grant Funding*.

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Gang Violence Problem Statement (Continued)*

*Instructions:* Use this page to complete the *Gang Violence Problem Statement* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI Application for Grant Funding*.

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Gang Violence Problem Statement (Continued)*

*Instructions:* Use this page to complete the *Gang Violence Problem Statement* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI Application for Grant Funding*.

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Proposed Strategy*  
**STRATEGY DEVELOPMENT**

*Instructions:* Use this page to complete the *Strategy Development* per the instructions included in Section 3.3.2 of the 2017 Shannon CSI Application for Grant Funding.

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Proposed Strategy*  
**STRATEGY DEVELOPMENT (Continued)**

*Instructions:* Use this page to complete the *Strategy Development* per the instructions included in Section 3.3.2 of the 2017 Shannon CSI Application for Grant Funding.

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Proposed Strategy*  
**STRATEGY DESCRIPTION**

*Instructions:* Use this page to complete the *Strategy Description* per the instructions included in *Section 3.3.2 of the 2017 Shannon CSI Application for Grant Funding.*

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Proposed Strategy*  
**STRATEGY DESCRIPTION (Continued)**

*Instructions:* Use this page to complete the *Strategy Description* per the instructions included in Section 3.3.2 of the 2017 Shannon CSI Application for Grant Funding.

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Proposed Strategy*  
**PARTNER SELECTION**

*Instructions:* Use this page to complete the *Partner Selection* per the instructions included in *Section 3.3.2 of the 2017 Shannon CSI Application for Grant Funding.*

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Proposed Strategy*  
**PARTNER SELECTION (Continued)**

*Instructions:* Use this page to complete the *Partner Selection* per the instructions included in *Section 3.3.2 of the 2017 Shannon CSI Application for Grant Funding.*

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Proposed Strategy*  
**PARTNER SELECTION (Continued)**

*Instructions:* Use this page to complete the *Partner Selection* per the instructions included in *Section 3.3.2 of the 2017 Shannon CSI Application for Grant Funding*.

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Proposed Strategy*  
**PARTNER SELECTION (Continued)**

*Instructions:* Use this page to complete the *Partner Selection* per the instructions included in *Section 3.3.2 of the 2017 Shannon CSI Application for Grant Funding*.

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Proposed Strategy*  
**PARTNER SELECTION (Continued)**

*Instructions:* Use this page to complete the *Partner Selection* per the instructions included in *Section 3.3.2 of the 2017 Shannon CSI Application for Grant Funding.*

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Proposed Strategy*  
**Individual Risk Assessments**

*Instructions:* Use this page to complete the **Individual Risk Assessments** per the instructions included in Section 3.3.2 of the 2017 Shannon CSI Application for Grant Funding.

Applicant Name: \_\_\_\_\_

*Program Narrative: Proposed Strategy*  
**Individual Risk Assessments (Continued)**

*Instructions:* Use this page to complete the **Individual Risk Assessments** per the instructions included in Section 3.3.2 of the 2017 Shannon CSI Application for Grant Funding.

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Proposed Strategy*  
**Partner Selection Workbook**

*Instructions:* Insert the *Partner Selection Workbook* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI Application for Grant Funding*.

**Applicant Name:** \_\_\_\_\_

*Program Narrative: Proposed Strategy*  
**COLLABORATION WITH OTHER FUNDING SOURCES**

*Instructions:* Use this page to complete the *Collaboration with Other Funding Sources* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI Application for Grant Funding*.