Cover Page-Attachment A

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
Local Action Research Partnerships: Building Capacity in Funded Grant Communities

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 by the application deadline.