

Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Office of Grants & Research
SFY 21 Commonwealth Nonprofit Security Grant Program

Attachment A Application

Section I. Applicant Information

Name of Nonprofit Organization: _____

Funding Requested: \$ _____

Name of Chief Executive Officer/Executive Director (First and Last Name): _____

Chief Executive Officer/Executive Director Phone: _____

Email Address: _____

Nonprofit Organization Mailing Address:

Street: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Grant Contact Name: _____ **Title:** _____

(Note: The person designated as the *Grant Contact* shall serve as the project's point person and be responsible for receiving and responding to OGRs project related requests)

Grant Contact Mailing Address:

Same as Above ☐

Street: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

E-mail: _____

Fiscal Point of Contact for Grant: Name: _____ **Title:** _____

Fiscal Contact Mailing Address:

Same as Above ☐

Street: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Project Summary: Four sentences (250 characters *maximum*), summarizing the type of equipment to be purchased.

Prior STATE (CNSGP) or FEDERAL (NSGP) Nonprofit Security Grant Funding:

Has your organization received STATE or FEDERAL nonprofit security grant funding previously?

If yes – please provide the year you were awarded the funds, the amount, and a brief description of the award:

Please note that priority will be given to applicants who have not been previously awarded either through CNSGP or any other federal nonprofit grant from OGR.

**THIS SIGNATURE PAGE MUST BE SIGNED AND MAILED WITH YOUR HARD COPY APPLICATION AND
SCANNED WHEN SUBMITTING YOUR ELECTRONIC VERSION**

Signature Page

*The following must be completed and signed by an Organization Representative on behalf of the nonprofit organization submitting this application. Remember to also complete **Attachment C** (Signatory Authorized Listing Form).*

Organization Representative

As the **Representative** for this nonprofit organization, I am requesting funds for the Commonwealth Nonprofit Security Grant Program from the Office of Grants and Research. I have reviewed and approve the content contained in this application being submitted for consideration of funding.

Nonprofit Organization (printed): _____

Name of Nonprofit Representative (printed): _____

Signature of Nonprofit Representative: _____ Date: _____

*(This must be signed in **blue ink**, mailed with your application and scanned)*

Section II. Narrative

1. Needs Assessment (2 page limit)

Use the space provided to 1) Provide a description of the nonprofit organization identified to benefit from this application, 2) Describe in detail the current organization's unmet safety and security needs, 3) The sources or methods used for assessing the problem should also be described, 4) Further explain why such safety and security needs stated have not been previously met to justify grant funds are needed. Please refer to AGF for more details.

Section II. Narrative, Continued

2. Project Description (2 page limit)

Describe the equipment and technology to be purchased or upgraded. Include the purpose for purchasing said equipment/goods, where such goods will be utilized and stored, whether installation will be needed, required upkeep or maintenance(if any), training or technical assistance needs, applicable procurement rules (please cite rule if required to secure a vendor) or name of vendor or contractor (if already identified, include reason for selection), expected benefits/outcomes for the nonprofit organization and/or community and any other info that may be helpful to justify the funding request. Please refer to the AGF for more details.

3. Implementation Plan, Timeline and Person Responsible

Complete the template grid provided by identifying the necessary steps to be implemented over the project period for proposed equipment purchases.

[illegible]

Section III. Budget Narrative Summary (1 page limit)

Summarize the goods and costs being requested and itemized in Attachment B (Excel Worksheet) in order for reviewers to clearly understand all expenses needed.

Proposal Check List

Hard Copy and Electronic Application Elements and Required Attachments:

- ☐ Please use Binder or Paper Clips, *no staples allowed*.
- ☐ Completed Application (Attachment A) signed and dated by the Organization Representative of the Nonprofit Organization in Blue Ink.
- ☐ Budget Excel Worksheet (Attachment B) (both the Roll Up and Detail sheets must be included in your application packet).
- ☐ Authorized Signatory Listing Form (Attachment C) in **Blue Ink**.

Electronic submissions must be submitted to Gina Papagiorgakis at gina.papagiorgakis1@mass.gov **no later than 4:00pm on Friday, March 12, 2021**. Hard copies should be mailed and postmarked **no later than Friday, March 12, 2021** to:

The Executive Office of Public Safety and Security
Office of Grants and Research
Ten Park Plaza, Suite 3720-A
Boston, MA 02116-3933
Attention: Gina Papagiorgakis

If you have any questions regarding this application, please email: gina.papagiorgakis1@mass.gov