

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

**Availability of Grant Funds (AGF)
2018 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 by the application deadline.