

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

**Availability of Grant Funds (AGF)
2019 Senator Charles E. Shannon, Jr. Community Safety Initiative
Shannon CSI Statewide Youth Violence Research Partner Application**

Applicant Name:

Project Name:

Applicant Mailing Address (Formal address reported on 1099I tax form)

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:

Non- Supplant

If the Executive Office of Public Safety and Security should award funds to _____ the funds will be used to supplement, not supplant other federal, state, or local funding sources during the period of the contract with the Office of Grants and Research. We have been informed by the Executive Office of Public Safety and Security that supplanting of funds is strictly prohibited.

Authorizing Official Printed Name:

Title:

Authorizing Official Signature: _____

(sign in blue ink)

Date: _____