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

Program Narrative (Attachment B)

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

Applicant Name: _____

Research Organization Name: _____

Program Narrative: Applicant Qualifications and Experience

Instructions: Use this page to complete the Applicant *Qualifications and Experience* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI LARP Application for Grant Funding*.

Applicant Name: _____

Research Organization Name: _____

Program Narrative: Applicant Qualifications and Experience (Continued)

Instructions: Use this page to complete the Applicant *Qualifications and Experience* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI LARP Application for Grant Funding.*

Applicant Name: _____

Research Organization Name: _____

Program Narrative: Applicant Qualifications and Experience (Continued)

Instructions: Use this page to complete the Applicant *Qualifications and Experience* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI LARP Application for Grant Funding*.

Applicant Name: _____

Research Organization Name: _____

Program Narrative: Applicant Qualifications and Experience
RESUMES

Instructions: Insert the Applicant *Qualifications and Experience Resumes* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI LARP Application for Grant Funding*.

Applicant Name: _____

Research Organization Name: _____

<div align="center">

Program Narrative: Statement of Partnership

</div>

Instructions: Insert a signed and completed *Statement of Partnership* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI LARP Application for Grant Funding*.

Applicant Name: _____

Research Organization Name: _____

Program Narrative: Memorandum of Understanding

Instructions: Insert a signed and completed *Memorandum of Understanding* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI LARP Application for Grant Funding*.

Applicant Name: _____

Research Organization Name: _____

Program Narrative: Program Strategy
ACTION RESEARCH

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

Applicant Name: _____

Research Organization Name: _____

Program Narrative: Program Strategy
ACTION RESEARCH (Continued)

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

Applicant Name: _____

Research Organization Name: _____

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

Applicant Name: _____

Research Organization Name: _____

Instructions: Use this page to complete the *Program Strategy: Shannon CSI LARP and Site Collaboration Efforts* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI LARP Application for Grant Funding*.

Applicant Name: _____

Research Organization Name: _____

Program Narrative: Program Strategy
SHANNON CSI LARP AND SITE COLLABORATION EFFORTS *(Continued)*

Instructions: Use this page to complete the *Program Strategy: Shannon CSI LARP and Site Collaboration Efforts* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI LARP Application for Grant Funding*.

Applicant Name: _____

Research Organization Name: _____

Instructions: Use this page to complete the *Program Strategy: Shannon CSI LARP and Site Collaboration Efforts* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI LARP Application for Grant Funding*.

Applicant Name: _____

Research Organization Name: _____

Program Narrative: Program Strategy
COMMUNITY RISK ASSESSMENTS

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

Applicant Name: _____

Research Organization Name: _____

Program Narrative: Program Strategy
COMMUNITY RISK ASSESSMENTS (*Continued*)

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

Applicant Name: _____

Research Organization Name: _____

Program Narrative: Program Strategy
INDIVIDUAL RISK ASSESSMENTS

Instructions: Use this page to complete the _Program Strategy: Individual Risk Assessments_ per the instructions included in _Section 3.3.2 of the 2017 Shannon CSI LARP Application for Grant Funding._

Applicant Name: _____

Research Organization Name: _____

Program Narrative: Program Strategy
INDIVIDUAL RISK ASSESSMENTS *(Continued)*

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

Applicant Name: _____

Research Organization Name: _____

Program Narrative: Program Strategy
APPRICOT AND OTHER REPORTING TECHNICAL ASSISTANCE

Instructions: Use this page to complete the *Program Strategy: Apricot and Other Reporting Technical Assistance* per the instructions included in *Section 3.3.2* of the *2017 Shannon CSI LARP Application for Grant Funding.*