

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

**Availability of Grant Funds (AGF)  
2022 Competitive Senator Charles E. Shannon, Jr. Community Safety Initiative**

**Applicant Name:**

**Project Name:**

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

Street: City: Zip+4:

Phone: Fax:

**Senior/Municipal Department Official:**

**Title:**

Agency/Organization

Senior/Municipal Department 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. This application includes a 25 per cent match provided by either municipal or private contributions.

Senior/Municipal Department Official Printed Name:

Title:

**Senior/Municipal Department  
Official Signature:**

\_\_\_\_\_

(sign in **blue** ink)

**Date:** \_\_\_\_\_