

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

**Availability of Grant Funds (AGF)
2018 Senator Charles E. Shannon, Jr. Community Safety Initiative**

Program Narrative (Attachment B)

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

Applicant Name: _____

Program Narrative: Gang Violence Problem Statement

Instructions: Use this page to complete the ***Gang Violence Problem Statement*** per the instructions included in *Section 3.3.2 of the 2018 Shannon CSI Application for Grant Funding*.

Applicant Name: _____

Program Narrative: Gang Violence Problem Statement (Continued)

Instructions: Use this page to complete the *Gang Violence Problem Statement* per the instructions included in *Section 3.3.2 of the 2018 Shannon CSI Application for Grant Funding*.

Applicant Name: _____

Program Narrative: Gang Violence Problem Statement (Continued)

Instructions: Use this page to complete the *Gang Violence Problem Statement* per the instructions included in *Section 3.3.2 of the 2018 Shannon CSI Application for Grant Funding*.

Applicant Name: _____

Program Narrative: Proposed Strategy
STRATEGY DEVELOPMENT

Instructions: Use this page to complete the *Strategy Development* per the instructions included in Section 3.3.2 of the 2018 *Shannon CSI Application for Grant Funding*.

Applicant Name: _____

Program Narrative: Proposed Strategy
STRATEGY DEVELOPMENT (Continued)

Instructions: Use this page to complete the *Strategy Development* per the instructions included in Section 3.3.2 of the 2018 *Shannon CSI Application for Grant Funding*.

Applicant Name: _____

Program Narrative: Proposed Strategy
STRATEGY DESCRIPTION

Instructions: Use this page to complete the *Strategy Description* per the instructions included in Section 3.3.2 of the 2018 *Shannon CSI Application for Grant Funding*.

Applicant Name: _____

Program Narrative: Proposed Strategy
STRATEGY DESCRIPTION (Continued)

Instructions: Use this page to complete the *Strategy Description* per the instructions included in Section 3.3.2 of the 2018 *Shannon CSI Application for Grant Funding*.

Applicant Name: _____

Program Narrative: Proposed Strategy
PARTNER SELECTION

Instructions: Use this page to complete the *Partner Selection* per the instructions included in Section 3.3.2 of the 2018 *Shannon CSI Application for Grant Funding*.

Applicant Name: _____

Program Narrative: Proposed Strategy
PARTNER SELECTION (Continued)

Instructions: Use this page to complete the *Partner Selection* per the instructions included in *Section 3.3.2 of the 2018 Shannon CSI Application for Grant Funding*.

Applicant Name: _____

Program Narrative: Proposed Strategy
PARTNER SELECTION (Continued)

Instructions: Use this page to complete the *Partner Selection* per the instructions included in *Section 3.3.2 of the 2018 Shannon CSI Application for Grant Funding*.

Applicant Name: _____

Program Narrative: Proposed Strategy
PARTNER SELECTION (Continued)

Instructions: Use this page to complete the *Partner Selection* per the instructions included in *Section 3.3.2 of the 2018 Shannon CSI Application for Grant Funding*.

Applicant Name: _____

Program Narrative: Proposed Strategy
PARTNER SELECTION (Continued)

Instructions: Use this page to complete the *Partner Selection* per the instructions included in *Section 3.3.2 of the 2018 Shannon CSI Application for Grant Funding*.

Applicant Name: _____

Program Narrative: Proposed Strategy
COLLABORATION WITH OTHER FUNDING SOURCES

Instructions: Use this page to complete the *Collaboration with Other Funding Sources* per the instructions included in *Section 3.3.2* of the *2018 Shannon CSI Application for Grant Funding*.