

2011 TN ICAC SUB-GRANTEE APPLICATION

Agency Head:

Name of Organization:

Contact Person:

Street Address (if P O Box, please give a complete street address)

City:

State:

Zip:

Phone:

Fax:

E-Mail:

DUNS Number:

CCR Number:

APPLICATIONS ARE DUE OCTOBER 21st AT 4:30 P.M.
ORIGINAL GRANT WITH FIVE COPIES. MUST BE MAILED OR HAND DELIVERED.
FAXED OR EMAILED GRANTS WILL NOT BE ACCEPTED.

Return complete application to:
Janet Gorman, Knoxville Police Department,
Planning and Grants Manager
P.O. Box 3610, Knoxville, TN 37918.
OR Hand deliver and /or express mail to:
800 Howard Baker Jr. Blvd., Knoxville, TN 37915.

GRANT NARRATIVE (Attach Additional Sheets, If Necessary)
PURPOSE:

GOAL:

STRATEGIES:

STATEMENT OF THE PROBLEM (*Attach Additional Sheets, If Necessary*)

- NATURE AND SCOPE OF THE PROBLEM

- LOCAL DATA:

- EFFECT ON THE TARGET POPULATION

- EFFECT ON THE LARGER COMMUNITY

- DESCRIBE PREVIOUS AND CURRENT ATTEMPTS TO ADDRESS THE PROBLEM

INCLUDE THE FOLLOWING STATS FOR OCTOBER 1, 2010 TO SEPTEMBER 30, 2011.

NUMBER OF FORENSIC EXAMS CONDUCTED?

NUMBER OF PHONE EXAMS CONDUCTED?

NUMBER OF CASES GENERATED?

NUMBER OF SEARCH WARRANTS SERVED?

HOW WILL YOU IMPLEMENT THE PROGRAM? (Attach Additional Sheets, If Necessary)

CAPABILITIES/COMPETENCIES (Attach Additional Sheets, If Necessary)

Agency Name:
DUNS Number:
CCR Number:

State ICAC 2011-12
Budget Detail Worksheet

Purpose: The Budget Detail Worksheet may be used as a guide to assist you in the preparation of the budget and budget narrative. You may submit the budget and budget narrative using this form or in the format of your choice (plain sheets, your own form, or a variation of this form). However, all required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be deleted.

A. Personnel - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

<u>Name/Position</u>	<u>Computation</u>	<u>Cost</u>
	TOTAL	\$

B. Fringe Benefits - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman=s Compensation, and Unemployment Compensation.

<u>Name/Position</u>	<u>Computation</u>	<u>Cost</u>
	TOTAL	\$

Total Personnel and Fringe Benefits \$

Agency Name:
DUNS Number:
CCR Number:

Budget Summary - When you have completed the budget worksheet, transfer the totals for each category to the spaces below.

<u>Budget Category</u>	<u>Amount</u>
A. Personnel	\$
B. Fringe Benefits	\$
TOTAL PROJECT COSTS	\$

Agency Name:
DUNS Number:
CCR Number:

STATE ICAC 2011 -12
BUDGET NARRATIVE WORKSHEET

A. Personnel

B. Fringe Benefits