GRANT APPLICATION

This page should be completed & submitted as the first page of your proposal.

SECTION 1 - GENERAL INFORMATION

PROJECT TITLE: Name of Project

LEGAL NAME OF ORGANIZATION Organization Name

Street	City	State	Zip Code
Street Address	City	State	Zip Code

Phone Phone Number | Tax Identification Number Tax ID Number

POINT OF CONTACT Full Name | Title Title – Point of Contact

Phone Phone Type Area Code-Prefix- Number | Email Email Address

APPLICANT QUALIFICATION *(select all that apply)*

☐ Auto Repair Business ☐ Automotive Dealer ☐ Emergency Repair Service

☐ Law Enforcement Agency ☐ Local Government

☐ Association focused on theft (describe): Provide a brief description of the association.

SECTION 2 - PROJECT INFORMATION

A. **Project Period**. *Note: This program can begin no earlier than **10/1/2024** and must end no later than **6/30/2025***. Please acknowledge this condition. Select Acknowledgement

B. **Total Funding Request** (*Add all budget items included in the Budget Summary and enter the amount.)*

Click or tap here to enter text.

C. **Application Purpose** *(select all that apply)*

☐ Victims Program *(assisting victims of catalytic converter theft)*

☐ Prevention Program *(public awareness or education of catalytic converter theft)*

☐ Business Impact Program *(related to the theft of catalytic converters)*

☐ Law Enforcement Program

D. Program Information

1. How many organizations will be directly engaged in this project? Number of Organizations
2. Select and identify the service area where this program will be implemented. *(select only one)*

☐ In a single town, city or community Name of Community

☐ In a single county-wide area Name of County

☐ In multiple towns, cities or communities in a single county Name of County

☐ In a metropolitan or micropolitan area

Choose an item.

☐ Statewide

E. **Problem Statement.** *The Problem Statement cannot exceed the remaining of this page. Provide a brief problem statement on what is the issue involving or related to catalytic converter theft or identification that this project would address?*

Provide a brief statement of the problem that the program will address.

SECTION 3 – PROGRAM DESCRIPTION

The description must be limited to no longer than one (1) page. Provide an explanation on how the project will affect the incidence of catalytic converter theft.

Provide a summary of the project and how funding will provide assistance to victims, raise awareness, assist business impacts or otherwise help reduce catalytic converter theft in Colorado.

SECTION 4 – ACTIVITIES AND GOALS	
F. Activities and Goals *(Submit a minimum of 1 goal with a minimum of two activities for each goal. Do not submit more than 3 goals and no more than 3 activities for each goal.)*	
Goal 1	Enter Goal 1 to address an expected outcome of the project.
Activity 1.1	Enter Activity 1.1 – Answer what data and information can be collected to demonstrate if the goal is being achieved?
Activity 1.2	Enter Activity 1.2 – Answer what data and information can be collected to demonstrate if the goal is being achieved?
Activity 1.3	Enter Activity 1.3 – Answer what data and information can be collected to demonstrate if the goal is being achieved?
Goal 2	Enter Goal 2 to address an expected outcome of the project.
Activity 2.1	Enter Activity 2.1 – Answer what data and information can be collected to demonstrate if the goal is being achieved?
Activity 2.2	Enter Activity 2.2 – Answer what data and information can be collected to demonstrate if the goal is being achieved?
Activity 2.3	Enter Activity 2.3 – Answer what data and information can be collected to demonstrate if the goal is being achieved?
Goal 3	Enter Goal 3 to address an expected outcome of the project.
Activity 3.1	Enter Activity 3.1 – Answer what data and information can be collected to demonstrate if the goal is being achieved?
Activity 3.2	Enter Activity 3.2 – Answer what data and information can be collected to demonstrate if the goal is being achieved?
Activity 3.3	Enter Activity 3.3 – Answer what data and information can be collected to demonstrate if the goal is being achieved?
SECTION 5 – INNOVATION AND EXPERIENCE	
A. **Innovation and Ingenuity.** Do you believe this project has innovation or ingenuity in its concept, design, and/or operation concerning the problem with catalytic converter theft? Choose a response.	
B. **Applicant's Experience, Expertise, or Demonstrated Ability.** *Provide a short statement with information about the applicant's experience and qualifications regarding subject-area expertise, and/or a demonstrated ability to manage grant-funded projects or programs and to satisfy the reporting requirements. Do not exceed the remaining of this page.*	
Click or tap here to enter text.	

SECTION 6 - FINANCIAL ACCOUNTABILITY ASSURANCE STATEMENTS

Select the appropriate response to each of the financial accountability assurance statements.

A. Choose an item. Personnel funded by CCITP grant monies must be used directly for the purpose of the CCITP grant project. If funded personnel are full-time, then 100% of personnel time is allocated to the CCITP grant project. Part-time or overtime personnel must be used for specifically for the CCITP grant project during the period of time compensated by CCITP.

B. Choose an item. Submit a monthly project report, which includes financial reimbursement and programmatic reporting, to the CATPA office no later than the 30th day after each month.

C. Choose an item. Submit one (1) inventory certification to the CATPA office on capital equipment purchases using CCTIP funds ($5,000 per item cost for 5-year inventory) no later than 30 days after initial purchase.

D. Choose an item. Submit inventory removal certification to the CATPA office of appropriate capital equipment that was funded using CCITP funds within 30 days when the capital equipment was discovered as lost, stolen, or otherwise in need of inventory removal.

E. Choose an item. Submit a modification request form to the CATPA office no less than 30 days in advance of the need to amend either the CCITP project program, goal(s), activity(s) and/or financial accounting.

F. Choose an item. Purchasing and Contracting guidelines.

G. Choose an item. Policies regarding cash management and credit card use pertaining to the use of the CCITP grant funds.

H. Choose an item. The Applicant has a financial accountability system in place to manage and account for CCITP grant financial records, including receipts, revenues, expenses, budgeting and utilizing a general financial ledger.

I. Choose an item. A provision for regularly occurring review of financial statements by supervisors and Applicant's ownership or appointing authority or designee.

J. Choose an item. A requirement for an annual audit or annual financial review.

K. Choose an item. A clear process for separation of duties and proper internal controls related to the CCITP grant project for programmatic and financial responsibilities.

L. Choose an item. A conflict of interest policy regarding purchasing and contracting applicable to CCITP grant funds.

M. Choose an item. Provide a copy of agreements, contracts or legal instruments applicable to CCITP funds prior to request for financial reimbursement.

N. Choose an item. Applicant is able to separate the CCITP grant funds from other revenue and expenditure sources impacting the Applicant's organization.

O. Choose an item. All payments and expenditures are tracked for each grant award by year.

P. Choose an item. Applicant is able to track internal financial expenditures and revenues related to CCITP grant funds to be classified by the broad budget categories listed in the approved budget, (i.e. personnel, supplies and operating, equipment and professional services).

Q. Choose an item. Grant funded employee time sheets are maintained and approved by the employee, supervisor and project director.

SECTION 7 - PROGRAMMATIC PERFORMANCE ASSURANCE STATEMENTS

Select the appropriate response to each of the programmatic performance assurance statements.

A. Choose an item. Applicant agrees to have a designated or assigned staff representative(s) maintain contact with and report to the CATPA Office. This will include scheduled meetings and/or phone calls.

B. Choose an item. Acknowledge CCITP as the funding source for all published training, education or prevention materials and news media releases pertaining to a funded project's activities.

C. Choose an item. Prevention Program Assurances

☐ Submit a Monthly Report to the CATPA Office no later than 30 days following the end of the month.

D. Choose an item. Law Enforcement Program Assurances

☐ Submit a Monthly Report to the CATPA Office no later than 30 days following the end of the month.

E. Choose an item. Victim Program Assurances

☐ Submit a Monthly Report to the CATPA Office no later than 30 days following the end of the month.

F. Choose an item. Business Impact Program

☐ Submit a Monthly Report to the CATPA Office no later than 30 days following the end of the month.

SECTION 8 – PROGRAM BUDGET

A. Budget Summary. *Using the calculations from items B, C, D and E tables, complete the following. Enter only whole dollars.*

Line Item	Budget Request
Personnel	Total Personnel Budget
Supplies and Operating	Total Supplies & Operating Budget
Equipment *(items costing over $5,000)*	Equipment Budget
Consulting and Professional Services	Consulting Services Budget
Sub-Total *(of the above line items)*	**Sub-Total**
Grant Administration *(no more than 10% of the Sub-Total)*	Grant Administration
Total Request	**Total Budget Request**

B. Budget Per Initiative. *Using the calculations from C, D, E, F and G tables, complete the following for a summary of costs per initiative. Enter only whole dollars.*

Line Item	Victims Support	Prevention	Business	Enforcement	Total
Personnel	$Amount	$Amount	$Amount	$Amount	$Amount
Supplies & Operating	$Amount	$Amount	$Amount	$Amount	$Amount
Travel	$Amount	$Amount	$Amount	$Amount	$Amount
Equipment	$Amount	$Amount	$Amount	$Amount	$Amount
Consulting Services	$Amount	$Amount	$Amount	$Amount	$Amount
Sub-Total	$Amount	$Amount	$Amount	$Amount	$Amount
Grant Administration	$Amount	$Amount	$Amount	$Amount	$Amount
Total Request	**$Amount**	**$Amount**	**$Amount**	**$Amount**	**$Amount**

C. Budget Priorities. *Using the calculations from C, D, E, F and G tables, complete the following to identify the priority for the funding request. Enter only whole dollars.*

Line Item	Critical	Essential	Supplemental	Total
Personnel	$Amount	$Amount	$Amount	$Amount
Supplies & Operating	$Amount	$Amount	$Amount	$Amount
Travel	$Amount	$Amount	$Amount	$Amount
Equipment	$Amount	$Amount	$Amount	$Amount
Consulting Services	$Amount	$Amount	$Amount	$Amount
Sub-Total	$Amount	$Amount	$Amount	$Amount
Grant Administration	$Amount	$Amount	$Amount	$Amount
Total Request	**$Amount**	**$Amount**	**$Amount**	**$Amount**

D. Personnel Budget

Title(s)/Position(s)	Average Hourly Rate	Hours Budgeted	Total Request

Total Personnel Budget *(Enter into the Budget Summary Table)*
(e.g., mechanic, victim advocate, police officer, etc.)
Provide justification for Personnel Costs. Do not exceed this section.

E. Supplies and Operating Budget

Type of Item(s)	Number of Units	Unit Cost	Total Request

Total Supplies and Operating Budget *(Enter into the Budget Summary Table)* **(e.g., mechanic, victim advocate, police officer, etc.)**
Provide justification for S/O Costs. Do not exceed this section.

F. Equipment Budget

Type of Item(s) *(i.e., items costing more than $5,000)*	Number of Units	Unit Cost	Total Request

Total Equipment Budget *(Enter into the Budget Summary Table)* **(e.g., mechanic, victim advocate, police officer, etc.)**
Provide justification for Equipment Costs. Do not exceed this section.

G. Consulting and Professional Services Budget

Purpose *(e.g., IT programming, website development, etc.)*	Number of Units	Unit Cost	Total Request

Total Consulting and Professional Services Budget *(Enter into the Budget Summary Table)*	
Provide justification for Consulting and Professional Services Costs. Do not exceed this section.	

SUBMISSION CERTIFICATION

I certify that to best of my knowledge and belief that the information contained in this application is true, accurate and complete. I also understand that failure to adhere to the requirements of the CCITP Forms and Guidance Manual, including the Assurances identified in Sections 6 and 7 of this application, may result in sanctions by the Colorado State Patrol CATPA Business Unit and applicable state and federal statutes. I have reviewed the State of Colorado Small Dollar Grant Award Terms and Conditions and I also certify that I have authority to submit this grant application on behalf of the listed Applicant Organization.

Printed Name of Submitting Official: _____

Signature of Submitting Official: _____

Date of Submission Certification: _____

APPLICATION OFFICIALS

This form identifies the identity of official representatives authorized to submit project reports and financial payment requests. The State will not release funds if names and signatures below, excluding electronic verification, do not match those shown on requests for payments and on invoices or reports. "Authorized Official" must be the person legally authorized to sign contracts or otherwise represent the Grantee. As protection to both the State and Grantee, no one official can fulfill more than one responsibility and each of the three officials must be different from the other two.

Project Title:

Signature Authority

Last Name	First Name	Title/Position/Rank
Last Name	First Name	Title

Organization: Name of Organization

Mailing Address	City	State	Zip Code
Address	City		Zip Code

Office Phone	Email Address
Phone	Email Address

Signature:	Date:
	Date

Financial Officer

Last Name	First Name	Title/Position/Rank
Last Name	First Name	Title

Organization: Name of Organization

Mailing Address	City	State	Zip Code
Address	City		Zip Code

Office Phone	Email Address
Phone	Email Address

Signature:	Date:
	Date

Project Director

Last Name	First Name	Title/Position/Rank
Last Name	First Name	Title

Organization: Name of Organization

Mailing Address	City	State	Zip Code
Address	City		Zip Code

Office Phone	Email Address
Phone	Email Address

Signature:	Date:
	Date