

**PRE-REGISTRATION FORM
ST. PETERSBURG POLICE DEPARTMENT FORFEITURE GRANT**

APPLICANT NAME: _____

PROJECT/PROGRAM TITLE: _____

Prior recipient of this grant? YES NO

Incorporated? YES NO

(If yes, attach a copy of the Corporation's latest Annual report – Must be an active Florida corporation.)

Maintains a current tax-exempt status with the Internal Revenue Service (IRS)? YES NO

(If yes, provide proof of current Form 990 or 990-N filing with the IRS.)

Federal Tax Identification Number (if incorporated): _____

OR

Social Security Number (of Authorized Representative): _____

AUTHORIZED APPLICANT REPRESENTATIVE:

Print Name: _____

Street Address: _____

City, State, Zip Code: _____

Business phone: _____ Cell phone: _____

E-Mail Address (required): _____

All notifications will be made via e-mail communication.

If funding awarded, check to be made payable to: _____

By checking this box, the Authorized Applicant Representative agrees that any funds awarded shall be used only for the purpose(s) authorized by the selection committee and acknowledges that if Applicant is selected for funding, Applicant will be required to enter into an agreement with the City setting forth the terms and conditions under which funds may be expended and delineating accounting requirements. The Authorized Applicant Representative further acknowledges that failure to comply with the terms of the agreement will result in a demand for return of the funds and will preclude the Applicant from future consideration. A sample agreement will be made available on request.

Organization structure:

Please provide the names and position of all persons who are officers, directors, board members, etc. with your agency, organization or corporation.

Name:

Position/Title:[illegible]

Project New or Ongoing? NEW ONGOING

Which of these statutorily-required criteria will your project or program address? [Check all that apply]

Crime Prevention	_____
Neighborhood Safety	_____
Drug Abuse Education	_____
Drug Prevention	_____
Drug Abuse Treatment	_____
School Resource Officer Program(s)	_____

What neighborhood(s) or area(s) within the municipal boundaries of the City of St. Petersburg will be impacted by your project or program?

Does your project or program include non-St. Petersburg residents?

YES	If yes, what percentage of participants will be non-residents? _____
NO	

Has your organization received letters of support from community members, other agencies, neighborhood associations, etc?

YES	If yes, include these letters in your Proposal.
NO	

What age groups will participate in your project or program? _____

How will you notify the proposed participants of your project or program and encourage them to participate? (Check all that apply and identify the publication and/or location of the advertisement.)

Flyers	_____
Newspapers	_____
Association Newsletters	_____
Faith institution bulletins	_____
Schools	_____
Recreation Centers	_____
Websites (please identify)	_____
Other (please specify)	_____

Amount of funds being requested: _____

Are there other sources of funding for your program or project? YES NO

If Yes, list other sources of funding: _____

Will you be able to conduct your program or project without *full* funding of this request? YES NO

If yes, what part of the program or project will be affected by limited funding:
