

For Official Use Only

V/S_____ L/E_____

Date Received: _____

New_____ Continuation_____

Application # _____

Date of Board Review_____ Approved _____ Denied_____ Amount Awarded_____

**VICTIM ASSISTANCE & LAW ENFORCEMENT
SHORT FORM GRANT APPLICATION**

City of Northglenn
Municipal VALE Board
Attn: Tammy Sutton, Court Supervisor
P.O. Box 330061
11701 Community Center Drive
Northglenn, CO 80233-8061
303-450-8703

Applicant Agency_____

Project Title_____

Project Director_____

Phone_____ Fax_____

Address_____

Total amount of VALE funds requested_____

Grant duration _____ to _____

Is this a one-time request for training and/or equipment: _____

Is this request for a new project? _____ Yes _____ No

Private non-profit_____ Government Agency_____

SECTION A –PROBLEM SOLVING APPROACH

Please briefly describe the problem-solving approach employed for this proposed project. Include problem identification, problem analysis, action plan/response, and evaluation/assessment of the response, along with the anticipated results.

SECTION B – BUDGET SUMMARY/FINANCIAL INFORMATION

Category/Item	Estimated Cost (please round to the highest whole dollar)
TOTAL	\$

1. Will the amount requested for this project provide full funding? If no, please identify other funding sources and amounts requested within the last year. Include pending grant amounts.

<u>Source</u>	<u>Amount Requested</u>	<u>Amount Received</u>
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Applicant Signature

CEO Signature

Co-Applicant Signature